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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

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

C Name of organization
MUNSON HEALTHCARE CADILLAC

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
47-1156297

E Telephone number
(231) 935-5000

G Gross receipts $ 112,107,098

F Name and address of principal officer
TONYA SMITH
400 HOBART ST
CADILLAC, MI 49601

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 2014

M State of legal domicile MI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
MUNSON HEALTHCARE CADILLAC AND ITS PARTNERS WORK TOGETHER TO PROVIDE SUPERIOR QUALITY CARE AND PROMOTE COMMUNITY HEALTH

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**	8
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	847
6	Total number of volunteers (estimate if necessary)	**6**	151
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,000
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	731,715	2,335,108
9	Program service revenue (Part VIII, line 2g)	97,519,510	108,986,171
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,784	-25,133
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	626,540	754,549
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	98,875,981	112,050,695
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	128,878	116,988
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)	45,586,156	47,429,735
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶89,939		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	51,848,455	56,463,808
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	97,563,489	104,010,531
19	Revenue less expenses Subtract line 18 from line 12	1,312,492	8,040,164

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	50,219,257	71,123,499
21	Total liabilities (Part X, line 26)	29,007,033	29,775,791
22	Net assets or fund balances Subtract line 21 from line 20	21,212,224	41,347,708

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 — 2020-05-08 Date

MARK 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	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☐

1 Briefly describe the organization's mission

AS A VITAL PART OF MUNSON HEALTHCARE, MUNSON HEALTHCARE CADILLAC EXISTS TO DELIVER COMPREHENSIVE QUALITY CARE TO PATIENTS IN PARTNERSHIP WITH PHYSICIANS

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 $ 89,579,439 including grants of $ 116,988) (Revenue $ 108,950,768)

See Additional Data

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 89,579,439

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 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? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
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? *If "Yes," complete Schedule I, Parts I and II*	21	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? *If "Yes," complete Schedule I, Parts I and III*	22		No

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	95		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c** Yes	

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	847		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	13		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶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 A NESS DIRECTOR	1 00 40 00	X						0	921,722	182,202
(2) TONYA SMITH PRESIDENT	40 00	X		X				0	271,138	53,005
(3) TANIA LEBARON MD DIRECTOR	1 00	X						5,150	0	0
(4) DEAN DEKRYGER PT-YR TREAS/	2 00	X		X				5,000	0	0
(5) DIANNA HAINES DIRECTOR	1 00	X						5,000	0	0
(6) MICHAEL HAMNER PT-YR SEC/TR	2 00	X		X				5,000	0	0
(7) CRAIG HEWETT DIRECTOR	1 00	X						5,000	0	0
(8) CHRIS HUCKLE DIRECTOR	1 00	X						5,000	0	0
(9) NATHAN PIWOWARSKI DIRECTOR	1 00	X						5,000	0	0
(10) OWEN ROBERTS PT-YR CHR/V	2 00	X		X				5,000	0	0
(11) SUSAN ROGERS PT-YR CHAIR	2 00	X		X				5,000	0	0
(12) ELIZABETH RZEPKA-ALTO MD DIRECTOR	1 00	X						5,000	0	0
(13) JERRY SINKEL DIRECTOR	1 00	X						5,000	0	0
(14) JEREMY WINKLE DIRECTOR	1 00	X						5,000	0	0
(15) JULIE COON DIRECTOR	1 00	X						0	0	0
(16) DANIEL KLOTZ DIRECTOR	1 00	X						0	0	0
(17) MARK HEPLER CFO	2 00 40 00			X				0	503,212	81,037

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

(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			
(18) MIKE ZDRODOWSKI COO PART-YEA	40 00				X			164,182	0	42,739
(19) DAVID HOBBS MD PHYSICIAN	40 00					X		910,432	0	35,765
(20) KENT BOWDEN DO PHYSICIAN	40 00					X		887,612	0	42,584
(21) FRANK ADAMS MD PHYSICIAN	40 00					X		508,318	0	44,647
(22) TIMOTHY ISERI MD PHYSICIAN	40 00					X		454,110	0	37,175
(23) LOUIS TEGTMEYER DO PHYSICIAN	40 00					X		425,167	0	15,951
(24) KATHRYN BANDFIELD-KEOUGH VP PATIENT C	40 00						X	143,283	0	40,161
1b Sub-Total ▶										
c Total from continuation sheets to Part VII**, Section A** ▶										
d Total (add lines 1b and 1c) ▶								3,553,254	1,696,072	575,266

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 43

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
INDIGO HOSPITAL MEDICINE CADILLAC PL 107 S CASS ST SUITE A TRAVERSE CITY, MI 496842602	MEDICAL	2,619,040
DK DESIGN GROUP 1104 S MITCHELL ST CADILLAC, MI 49601	CONSTRUCTION	1,939,456
AGILITY HEALTH GRAND RAPIDS PO BOX 5509 CAROL STREAM, IL 601975509	MEDICAL	863,374
GREAT LAKES ORTHOPAEDIC CENTER 4045 WEST ROYAL DRIVE TRAVERSE CITY, MI 49684	MEDICAL	791,970
EPMG OF MI PC 7032 COLLECTION CENTER DRIVE CHICAGO, IL 60693	MEDICAL	586,928

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 21

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			
	d Related organizations	1d	2,278,438		
	e Government grants (contributions)	1e	56,670		
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶		2,335,108		

Program Service Revenue	Business Code				
2a MEDICARE AND MEDICAID PMTS	621990	61,279,988	61,279,988		
b PATIENT SERVICE REVENUE	621990	44,742,680	44,742,680		
c HEALTH SERVICE REVENUE	621990	2,422,934	2,422,934		
d QUALITY INCENTIVE PAYMENTS	621990	537,569	537,569		
e RENT FROM CHILDREN'S CENTER	621990	3,000		3,000	
f All other program service revenue					
g Total. Add lines 2a–2f . . . . ▶		108,986,171			

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		7,270			7,270
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties . . . . . ▶					
	(i) Real / (ii) Personal				
6a Gross rents	93,641				
b Less rental expenses					
c Rental income or (loss)	93,641				
d Net rental income or (loss) . . . . . ▶		93,641			93,641
	(i) Securities / (ii) Other				
7a Gross amount from sales of assets other than inventory	24,000				
b Less cost or other basis and sales expenses	56,403				
c Gain or (loss)	-32,403				
d Net gain or (loss) . . . . . ▶		-32,403	-32,403		
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . **a**					
b Less direct expenses . . . **b**					
c Net income or (loss) from fundraising events . . ▶					
9a Gross income from gaming activities See Part IV, line 19 . . . **a**					
b Less direct expenses . . . **b**					
c Net income or (loss) from gaming activities . . ▶					
10a Gross sales of inventory, less returns and allowances . . **a**					
b Less cost of goods sold . . **b**					
c Net income or (loss) from sales of inventory . . ▶					
Miscellaneous Revenue	Business Code				
11a CAFETERIA SALES	722210	431,452			431,452
b MISCELLANEOUS INCOME	621990	194,099			194,099
c GIFT SHOP	446199	35,357			35,357
d All other revenue					
e Total. Add lines 11a–11d . . . . . ▶		660,908			
12 Total revenue. See Instructions . . . . . ▶		112,050,695	108,950,768	3,000	761,819

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	116,988	116,988		
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	275,485		275,485	
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	38,838,734	36,544,804	2,293,930	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,414,782	1,339,410	75,372	
9 Other employee benefits	4,332,472	4,067,318	265,154	
10 Payroll taxes	2,568,262	2,401,582	166,680	
11 Fees for services (non-employees)				
a Management				
b Legal	6,612		6,612	
c Accounting	3,300		3,300	
d Lobbying	4,290		4,290	
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	22,767,288	12,364,123	10,313,226	89,939
12 Advertising and promotion	45	45		
13 Office expenses	612,806	501,202	111,604	
14 Information technology	922,419	896,933	25,486	
15 Royalties				
16 Occupancy	1,466,913	1,465,106	1,807	
17 Travel	74,053	67,097	6,956	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	165,953	115,507	50,446	
20 Interest	644,187	554,838	89,349	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,228,883	2,778,460	450,423	
23 Insurance	233,784	170,662	63,122	
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 MEDICAL SUPPLIES	22,471,796	22,471,796		
b BAD DEBT EXPENSE	4,402,230	4,402,230		
c REPAIRS & MAINTENANCE	367,407	366,997	410	
d EQUIPMENT RENTAL	125,122	125,122		
e All other expenses	-1,033,280	-1,170,781	137,501	
25 **Total functional expenses.** Add lines 1 through 24e	104,010,531	89,579,439	14,341,153	89,939
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 ▶ ☐ 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		4,318	1	4,718
	2	Savings and temporary cash investments		1,013,822	2	8,932,357
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		15,435,118	4	14,492,109
	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		1,317,792	7	624,653
	8	Inventories for sale or use		1,977,128	8	2,325,365
	9	Prepaid expenses and deferred charges		183,759	9	419,703
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 41,374,969			
	b	Less accumulated depreciation	10b 11,312,929	30,151,320	10c	30,062,040
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	14,095,321
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		136,000	15	167,233
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		50,219,257	16	71,123,499
Liabilities	17	Accounts payable and accrued expenses		7,379,828	17	7,355,860
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		15,303,322	20	14,971,874
	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		2,263,452	23	2,171,580
	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		4,060,431	25	5,276,477
	26	**Total liabilities.** Add lines 17 through 25		29,007,033	26	29,775,791
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		21,212,224	27	27,252,388
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	14,095,320
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		21,212,224	33	41,347,708
	34	Total liabilities and net assets/fund balances		50,219,257	34	71,123,499

Part XI Reconcilliation 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	112,050,695
2	Total expenses (must equal Part IX, column (A), line 25)	2	104,010,531
3	Revenue less expenses Subtract line 2 from line 1	3	8,040,164
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21,212,224
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	12,095,320
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	41,347,708

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 47-1156297

Name: MUNSON HEALTHCARE CADILLAC

Form 990 (2018)

Form 990, Part III, Line 4a:

EXPENSES INCURRED WHILE PROVIDING HOSPITAL SERVICES TO THE RESIDENTS OF CADILLAC, MICHIGAN AND THE SURROUNDING AREA WHILE FULFILLING THE HOSPITAL'S MISSION TO PROVIDE HEALTHCARE IN THE COMMUNITY MUNSON HEALTHCARE CADILLAC HAD 2,874 INPATIENT ADMISSIONS IN FISCAL YEAR 2019 AND OVER 134,000 OUTPATIENT VISITS THE HOSPITAL SERVED MORE THAN 5,000 SURGICAL CASES, 313 OBSTETRICAL BIRTHS, AND OVER 23,000 EMERGENCY ROOM VISITS MUNSON HEALTHCARE CADILLAC ACCEPTS ALL PATIENTS, REGARDLESS OF ABILITY TO PAY THE HOSPITAL HAS 225 PROVIDERS AND 151 VOLUNTEERS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493129022560

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MUNSON HEALTHCARE CADILLAC

Employer identification number
47-1156297

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

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2017 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** 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—2017.** 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? *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*	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)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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*	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)? *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*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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)*	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? *If "Yes," provide detail in* ***Part VI.***	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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	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))? *If "Yes," provide detail in* ***Part VI.***	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? *If "Yes," provide detail in* ***Part VI.***	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? *If "Yes," provide detail in* ***Part VI.***	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)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	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?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

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? *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*	1		
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? *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*	2		

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)? *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)*	1		

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?	1		
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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

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** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
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? *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*	2a		
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? *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*	2b		
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? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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 ☐ 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 2018 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-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 47-1156297

Name: MUNSON HEALTHCARE CADILLAC

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

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	**Employer identification number**
MUNSON HEALTHCARE CADILLAC	47-1156297

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1					
2					
3					
4					
5					
6					

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2015	**(b)** 2016	**(c)** 2017	**(d)** 2018	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		4,290
j	Total Add lines 1c through 1i			4,290
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

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

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

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1	OTHER GRASSROOTS LOBBYING INCLUDES THE PORTION OF DUES ALLOCATED TO LOBBYING

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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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MUNSON HEALTHCARE CADILLAC

Employer identification number
47-1156297

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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 7/25/06, 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	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, 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					
b Contributions . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .					
f Administrative expenses					
g End of year balance					

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 ▶
- c Temporarily restricted endowment ▶

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		1,040,000		1,040,000
b Buildings		20,814,635	2,602,057	18,212,578
c Leasehold improvements		63,816	13,118	50,698
d Equipment		16,139,899	8,554,679	7,585,220
e Other		3,316,619	143,075	3,173,544
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				30,062,040

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) INVESTMENT IN MUNSON HEALTHCARE FOUN	14,095,321	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	14,095,321	

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ESTIMATED THIRD PARTY SETTLEMENTS	3,226,882
RESERVE FOR THIRD PARTY SETTLEMENTS	1,712,472
CAPITAL LEASE	306,120
PAYABLE TO RELATED PARTY	31,003
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	5,276,477

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	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MUNSON HEALTHCARE CADILLAC

Employer identification number
47-1156297

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			351,739		351,739	0 350 %
b Medicaid (from Worksheet 3, column a)			16,389,610	16,336,233	53,377	0 050 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			16,741,349	16,336,233	405,116	0 400 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			246,769	190	246,579	0 250 %
f Health professions education (from Worksheet 5)			231,594		231,594	0 230 %
g Subsidized health services (from Worksheet 6)			13,842,543	7,251,866	6,590,677	6 620 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			154,622		154,622	0 160 %
j **Total.** Other Benefits			14,475,528	7,252,056	7,223,472	7 260 %
k **Total.** Add lines 7d and 7j			31,216,877	23,588,289	7,628,588	7 660 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			20,721		20,721	0 020 %
4 Environmental improvements						
5 Leadership development and training for community members			764		764	
6 Coalition building						
7 Community health improvement advocacy			1,706		1,706	
8 Workforce development			886,313	22,700	863,613	0 870 %
9 Other						
10 Total			909,504	22,700	886,804	0 890 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2 4,402,230			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3 1,683,210			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	28,396,450
6	Enter Medicare allowable costs of care relating to payments on line 5	6	24,735,486
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	3,660,964
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group MUNSON HEALTHCARE CADILLAC

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☑ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 18			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) HTTPS //TINYURL COM/YC368MRZ			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) HTTPS //TINYURL COM/YD48TGWQ			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

MUNSON HEALTHCARE CADILLAC

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☐ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) HTTPS //TINYURL COM/YAHXNLEB			
b	☑ The FAP application form was widely available on a website (list url) HTTPS //TINYURL COM/YB5NV3K3			
c	☑ A plain language summary of the FAP was widely available on a website (list url) HTTPS //TINYURL COM/YBUEF65F			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

MUNSON HEALTHCARE CADILLAC

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☑ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

MUNSON HEALTHCARE CADILLAC

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **3**

	Name and address	Type of Facility (describe)
1	CADILLAC SURGICAL CARE 927 S CARMEL ST CADILLAC, MI 49601	PHYSICIAN PRACTICE - SURGICAL SERVICES
2	MUNSON HEALTHCARE CADILLAC REHABILI 704 OAK ST CADILLAC, MI 49601	REHABILITAITON SERVICE
3	MUNSON HEALTHCARE URGENT CARE 302 HOBART ST CADILLAC, MI 49601	URGENT CARE
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C - OTHER INCOME BASED CRITERIA FOR FREE OR DISCOUNTED CARE	INCOME UP TO 200% OF THE FPG = 100% DISCOUNT ON CHARGES INCOME BETWEEN 201% AND 300% FPG = 75% DISCOUNT ON CHARGES INCOME BETWEEN 301% AND 400% FPG = 65% DISCOUNT ON CHARGES FAMILY INCOME MAY INCLUDE ALL INCOME ATTRIBUTABLE TO ALL MEMBERS OF THE FAMILY IN THE RESIDENCE, OTHER THAN MINIMAL AMOUNTS EARNED BY MINORS FAMILY INCOME INCLUDES THE FOLLOWING WHEN COMPUTING FPG EARNINGS, UNEMPLOYMENT COMPENSATION, WORKER'S COMPENSATION, SOCIAL SECURITY, SUPPLEMENTAL SECURITY INCOME, PUBLIC ASSISTANCE, VETERANS' PAYMENTS, SURVIVOR BENEFITS, PENSION OR RETIREMENT INCOME, INTEREST, DIVIDENDS, RENTS, ROYALTIES, INCOME FROM ESTATES, EDUCATIONAL ASSISTANCE, ALIMONY, CHILD SUPPORT, ASSISTANCE FROM OUTSIDE THE HOUSEHOLD, AND OTHER MISCELLANEOUS SOURCES, CASH, CHECKING AND SAVINGS BALANCES, MONEY MARKET ACCOUNTS, CERTIFICATES OF DEPOSIT, IRAS TRUSTS, INHERITANCES, ANNUITIES, SAVINGS BONDS, STOCKS, MUTUAL FUNDS, AND/OR CASH VALUE OF LIFE INSURANCE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7G - SUBSIDIZED HEALTH SERVICES EXPLANATION	THE COSTS RELATED TO PHYSICIAN CLINICS IN SUBSIDIZED HEALTH SERVICES TOTAL 12,588,429 THESE COSTS ARE OFFSET BY RELATED REVENUES IN COMPUTING THE NET COMMUNITY BENEFIT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F) - EXCLUSIONS FROM PERCENT OF TOTAL EXPENSE	TOTAL EXPENSES FROM FORM 990, PART IX, LINE 25, ARE 104,010,531 THE BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT IS 4,402,230 THE NET EXPENSE OF 99,608,301 WAS USED FOR PURPOSES OF CALCULATING LINE 7, COLUMN (F)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7 - COSTING METHODOLOGY EXPLANATION	COST VALUES FOR LINE 7 ARE BASED ON THE COST TO CHARGE RATIO

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II - COMMUNITY BUILDING ACTIVITIES	MUNSON HEALTHCARE CADILLAC PROVIDED 886,804 OF COMMUNITY-BUILDING ACTIVITIES DURING THE 2019 FISCAL YEAR MUNSON HEALTHCARE CADILLAC HOSPITAL BELIEVES COMMUNITY-BUILDING ACTIVITIES PROMOTE HEALTH BY SUPPORTING THE UNDERLYING SUPPORT STRUCTURE OF COMMUNITY HEALTH A SIGNIFICANT PORTION OF THE MUNSON HEALTHCARE CADILLAC HOSPITAL COMMUNITY-BUILDING ACTIVITIES INVESTMENT IS DEDICATED TO RECRUITMENT OF PHYSICIANS IN NEEDED SPECIALTIES FOR DESIGNATED MEDICALLY UNDERSERVED AREAS ADDITIONAL ACTIVITIES INCLUDED COMMUNITY SUPPORT, COMMUNITY HEALTH IMPROVEMENT ADVOCACY, WORKFORCE DEVELOPMENT, AND COLLABORATIVE EFFORTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2 - BAD DEBT EXPENSE METHODOLOGY	DIRECT WRITE-OFF FROM UNPAID ACCOUNTS WHICH ARE DEEMED NO LONGER COLLECTIBLE ARE RECORDED AGAINST THE ALLOWANCE FOR BAD DEBT AN ESTIMATE OF BAD DEBT EXPENSE IS RECORDED BASED ON 1) AN ANALYSIS OF THE DIRECT WRITE- OFFS AND 2) AN ESTIMATE OF THE AMOUNT OF BAD DEBT, NET OF DISCOUNTS, IN THE ACCOUNTS RECEIVABLE BALANCE, CONSIDERING THE PAST EXPERIENCE AND CURRENT TRENDS OF PAYMENTS ON PATIENT ACCOUNTS FOR EACH OF THE MAJOR PAYOR SOURCES OF REVENUE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3 BAD DEBT EXPENSE, PATIENTS ELIGIBLE FOR ASSISTANCE	THE METHODOLOGY USED TO DETERMINE THE ESTIMATED AMOUNT OF CHARITY IN BAD DEBT IS AS FOLLOWS WE DETERMINED THE APPROVAL RATE OF FINANCIAL COUNSELING BY TAKING THE VALUE OF THE ACCOUNTS THAT SUCCESSFULLY QUALIFIED FOR CHARITY (INCLUDING PRESUMPTIVE APPROVALS) AND DIVIDING THAT NUMBER BY THE ACCOUNTS THAT WERE APPROVED FOR CHARITY PLUS THE ACCOUNTS THAT WERE DENIED THEN WE APPLIED THAT PERCENTAGE TO THE VALUE OF ACCOUNTS THAT DID NOT COMPLETE FINANCIAL COUNSELING AND WERE ASSIGNED TO BAD DEBT, MULTIPLIED BY THE APPROVAL RATE FOR FINANCIAL COUNSELING

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
BAD DEBT EXPENSE FOOTNOTE TO FINANCIAL STATEMENTS	SEE NOTE 2 ON PAGE 8 OF ATTACHED AUDITED FINANCIAL STATEMENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B - COLLECTION PRACTICES EXPLANATION	MUNSON HEALTHCARE'S INTERNAL AND EXTERNAL COLLECTION PRACTICES REFERENCED IN THE CREDIT AND COLLECTION POLICY (INCLUDING ACTIONS THE HOSPITAL MAY TAKE IN THE EVENT OF NON-PAYMENT, INCLUDING COLLECTION ACTIONS AND REPORTING TO COLLECTION AGENCIES) SHALL TAKE INTO ACCOUNT THE EXTENT TO WHICH THE PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, A PATIENT'S GOOD FAITH EFFORT TO APPLY FOR A GOVERNMENTAL PROGRAM OR FOR CHARITY FROM MUNSON HEALTHCARE (MHC), AND A PATIENT'S GOOD FAITH EFFORT TO COMPLY WITH HIS/HER PAYMENT AGREEMENTS WITH MHC FOR PATIENTS WHO QUALIFY FOR CHARITY AND WHO ARE COOPERATING IN GOOD FAITH TO RESOLVE THEIR DISCOUNTED HOSPITAL BILLS, MHC MAY OFFER EXTENDED PAYMENT PLANS, WILL NOT SEND UNPAID BILLS TO OUTSIDE COLLECTION AGENCIES, AND WILL CEASE ALL COLLECTION EFFORTS ON ANY UNPAID BALANCES ON ACCOUNTS THAT WERE OPENED WITHIN ONE YEAR OF THE DATE THAT THE PATIENT QUALIFIED FOR CHARITY UNDER THIS POLICY MHC WILL NOT IMPOSE EXTRAORDINARY COLLECTIONS ACTIONS SUCH AS WAGE GARNISHMENTS, LIENS ON PRIMARY RESIDENCES, OR OTHER LEGAL ACTIONS FOR ANY PATIENT WITHOUT FIRST MAKING REASONABLE EFFORTS TO DETERMINE WHETHER THAT PATIENT IS ELIGIBLE FOR CHARITY CARE UNDER THIS FINANCIAL ASSISTANCE POLICY REASONABLE EFFORTS SHALL INCLUDE 1)VALIDATING THAT THE PATIENT OWES THE UNPAID BILLS AND THAT ALL SOURCES OF THIRD-PARTY PAYMENTS HAVE BEEN IDENTIFIED AND BILLED BY THE HOSPITAL, 2)DOCUMENTING THAT MHC HAS OR HAS ATTEMPTED TO OFFER THE PATIENT THE OPPORTUNITY TO APPLY FOR CHARITY CARE PURSUANT TO THIS POLICY AND THAT THE PATIENT HAS NOT COMPLIED WITH THE HOSPITAL'S APPLICATION REQUIREMENTS, 3) DOCUMENTING THAT THE PATIENT HAS BEEN OFFERED THE OPPORTUNITY TO ENTER INTO A PAYMENT PLAN BUT HAS NOT DONE SO, OR HAS ENTERED INTO A PAYMENT PLAN BUT HAS NOT HONORED THE TERMS OF THAT PLAN PATIENTS WILL BE NOTIFIED OF THE AVAILABILITY OF FINANCIAL ASSISTANCE FOR A PERIOD OF AT LEAST 120 DAYS FROM THE DATE OF THE FIRST POST-DISCHARGE BILLING STATEMENT PATIENT BALANCES WILL BE ELIGIBLE FOR FINANCIAL ASSISTANCE CONSIDERATION FOR AT LEAST 240 DAYS FROM THE DATE OF THE FIRST POST-DISCHARGE BILLING STATEMENT MEMBERS OF THE PUBLIC MAY OBTAIN THE CURRENT CREDIT AND COLLECTION POLICY FOR ANY MUNSON HEALTHCARE HOSPITAL ON THE WEBSITE, IN WRITING, AND FREE OF CHARGE BY CONTACTING MUNSON HEALTHCARE PATIENT FINANCIAL SERVICES DEPARTMENT AT 4230 COPPER RIDGE DR , TRAVERSE CITY, MI 49684

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2 - NEEDS ASSESSMENT	THE MUNSON HEALTHCARE BOARD OF DIRECTORS MAINTAINS A STANDING COMMUNITY HEALTH COMMITTEE (CHC) TO SERVE THE MUNSON HEALTHCARE SYSTEM THE CHC CONSISTS OF MUNSON HEALTHCARE BOARD MEMBERS FROM MUNSON HEALTHCARE HOSPITALS AND OTHER INTERESTED AREA PHYSICIANS AND COMMUNITY MEMBERS APPOINTED BY THE MUNSON HEALTHCARE BOARD CHAIRPERSON THE CHC MEETS AT LEAST QUARTERLY TO REVIEW EXISTING PROGRAMS AND SERVICES RELATED TO CURRENT COMMUNITY HEALTH NEEDS, CONSIDER THE MHC RESPONSE TO ANY EMERGING HEALTH TRENDS AS IDENTIFIED BY COMMUNITY HEALTH NEEDS ASSESSMENT, AND REVIEW ANY NEW COMMUNITY HEALTH BASED COLLABORATION OR PROGRAM THE CHC IS RESPONSIBLE FOR COMMUNICATING INTERNALLY AND EXTERNALLY THE SIGNIFICANCE OF MHC COMMUNITY BENEFIT PROGRAMS AND SERVICES THIS COMMITTEE IS SUPPORTED BY COMMUNITY HEALTH DEPARTMENT EMPLOYEES OF THE HOSPITALS IN THE MUNSON HEALTHCARE SYSTEM MUNSON HEALTHCARE SYSTEM ASSESS THE HEALTH STATUS OF THE TOTAL POPULATION WITHIN MUNSON HEALTHCARE'S EXTENSIVE GEOGRAPHICAL AREA COMMUNITY HEALTH ASSESSMENT IS AN IMPORTANT COMPONENT OF A COMMUNITY HEALTH IMPROVEMENT STRATEGY AS IT PROVIDES GUIDANCE AS TO WHERE EFFORTS SHOULD BE CONCENTRATED, AS WELL AS WHERE PROGRESS HAS BEEN MADE THE DATA DOCUMENTED THROUGH AN ASSESSMENT SERVES AS A USEFUL REFERENCE FOR PROGRAM AND RESOURCE DEVELOPMENT EFFORTS COMMUNITY-WIDE THE HOSPITALS IN THE MUNSON HEALTHCARE SYSTEM PARTICIPATE IN A COMMUNITY NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY TO MEET THE REQUIREMENTS OF IRC SEC 501(R) IN ACCORDANCE WITH THE PLANS OF THE COMMUNITY HEALTH COMMITTEE OF THE BOARD THE ASSESSMENT IS ACCOMPLISHED THROUGH COLLABORATION WITH MANY OF THE HUMAN SERVICE ORGANIZATIONS IN THE COMMUNITY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	IT IS THE GOAL OF MUNSON HEALTHCARE TO COMMUNICATE AND EDUCATE PATIENTS AND THE PUBLIC REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE THIS IS ACHIEVED THROUGH ONE OR MORE OF THE FOLLOWING METHODS INFORMATION BROCHURES AVAILABLE AT THE REGISTRATION DESKS BROCHURES THAT DESCRIBE MUNSON HEALTHCARE'S FINANCIAL ASSISTANCE PROGRAM ARE AVAILABLE AT ALL REGISTRATION SITES THE BROCHURE HAS CLEAR INFORMATION ON HOW TO CONTACT A FINANCIAL COUNSELOR STATEMENT ON BILLS STATEMENTS INCLUDE VERBIAGE THAT INSTRUCTS THE PATIENT TO CALL PATIENT FINANCIAL ASSISTANCE IF THEY NEED HELP WITH THEIR BILL SIGNS IN THE ER REGISTRATION AREA ADVISES THE PATIENTS THAT THEIR CARE IS NOT WITHHELD IF THEY HAVE NO INSURANCE OR MEANS TO PAY THE MUNSON HEALTHCARE INTERNET HAS THE FINANCIAL ASSISTANCE POLICY, THE FINANCIAL ASSISTANCE APPLICATION, THE PLAIN LANGUAGE SUMMARY AND THE BILLING AND COLLECTIONS POLICY AVAILABLE TO REVIEW AND PRINT REFERRAL BY REGISTRATION STAFF AT THE TIME OF REGISTRATION, SELF-PAY PATIENTS OR ANY PATIENT THAT MAY HAVE CONCERNS REGARDING THEIR UPCOMING ADMISSION IS REFERRED TO THE FINANCIAL COUNSELING STAFF MUNSON HEALTHCARE FINANCIAL COUNSELORS ARE AVAILABLE TO TALK WITH PATIENTS ABOUT THEIR FINANCIAL CONCERNS THE COUNSELOR VISIT ALL INPATIENTS THAT ARE DEEMED SELF-PAY, TO SEE IF THEY HAVE CONCERNS AND TO DETERMINE IF THEY WOULD LIKE HELP IF THE PATIENT WOULD LIKE HELP, THE COUNSELORS GATHER INCOME INFORMATION AND SCREEN THE PATIENT FOR MEDICAID GENERALLY, THESE TWO ACTIONS WILL DETERMINE WHAT PROGRAM THE PATIENT MIGHT QUALIFY FOR ONCE THE COUNSELOR DETERMINES WHAT THE PATIENT MAY QUALIFY FOR, THE COUNSELOR EDUCATES THE PATIENT ON THE AVAILABLE PROGRAMS AND ASSISTS THEM WITH COMPLETING THE APPROPRIATE APPLICATIONS THE COUNSELORS ALSO IDENTIFY ALL SELF-PAY OUTPATIENTS AND GO THROUGH THE SAME PROCESS, ONLY BY PHONE THE GOAL IS TO TALK WITH PATIENTS PRIOR TO ADMISSION, BUT WHEN THAT IS NOT POSSIBLE, THE CALL IS MADE SOON AFTER DISCHARGE AVAILABLE PROGRAMS INCLUDE BUT ARE NOT LIMITED TO MEDICAID (AND ALL OF ITS SUBSETS), SOCIAL SECURITY DISABILITY, TRAVERSE HEALTH CLINIC, MUNSON HEALTHCARE FINANCIAL ASSISTANCE, AND MUNSON MEDICAL CENTER MEDS PROGRAM MUNSON HEALTHCARE MAKES A PHONE CALL TO ALL PRIVATE-PAY PATIENTS PRIOR TO TRANSFERRING THEIR ACCOUNT TO A COLLECTION AGENCY TO INFORM THEM OF OUR FINANCIAL ASSISTANCE POLICY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4 - COMMUNITY INFORMATION	DESCRIPTION MUNSON HEALTHCARE CADILLAC HOSPITAL HAS SERVED THE GREATER WEXFORD COUNTY REGION SINCE 1908, WITH A LONG HISTORY AND HERITAGE OF KEEPING PATIENTS AT THE CENTER OF ALL WE DO LOCATED WITHIN THE CITY OF CADILLAC WITH A POPULATION OF 10,500 PEOPLE, IT IS THE ONLY CITY IN THE NATION WITH TWO LOVELY LAKES WITHIN ITS CITY LIMITS LAKE MITCHELL AND LAKE CADILLAC SHIFTING WINDS ACROSS NEARBY LAKE MICHIGAN KEEP CADILLAC WINTERS SNOW COVERED AND THE SUMMERS COMFORTABLE LOCATED 50 MILES SOUTH OF TRAVERSE CITY, CADILLAC HOSPITAL IS ONE OF NINE COMMUNITY HOSPITALS IN THE MUNSON HEALTHCARE SYSTEM, NORTHERN MICHIGANS LEADING AND LARGEST HEALTH CARE PROVIDER OUR SERVICE AREA COVERING LAKE, MISSAUKEE, OSCEOLA, AND WEXFORD COUNTIES COVERS A TOTAL OF ABOUT 2,300 SQUARE MILES OF LAND THE REGION IS CLASSIFIED AS RURAL BY THE US CENSUS BUREAU IN GENERAL, RURAL LOCATIONS EXPERIENCE SIGNIFICANT HEALTH DISPARITIES, SUCH AS HIGHER INCIDENCE OF DISEASE AND DISABILITY, INCREASED MORTALITY RATES AND LOWER LIFE EXPECTANCY RURAL RESIDENTS ARE MORE LIKELY TO HAVE A NUMBER OF CHRONIC CONDITIONS AND ARE LESS LIKELY TO RECEIVE RECOMMENDED PREVENTIVE SERVICES, IN PART DUE TO LACK OF ACCESS TO PHYSICIANS AND HEALTH CARE DELIVERY SITES AND/OR ADEQUATE TRANSPORTATION OPTIONS HOSPITAL SERVICES MUNSON HEALTHCARE CADILLAC HOSPITAL HAS AN ACTIVE MEDICAL STAFF OF 225 PROVIDERS AND 151 VOLUNTEERS WITH APPROXIMATELY 742 EMPLOYEES, CADILLAC HOSPITAL IS ONE OF THE LARGEST EMPLOYERS IN THE SURROUNDING AREA THIS 49- BED HOSPITAL OFFERS A WIDE RANGE OF SERVICES INCLUDING DIAGNOSTIC, EMERGENCY, SURGICAL, HEART, CANCER, MATERNITY, SLEEP, PHYSICAL THERAPY, AND MORE POPULATION SERVED MUNSON HEALTHCARE CADILLAC HOSPITAL IS LOCATED IN CADILLAC, MICHIGAN AND SITUATED IN WEXFORD COUNTY WEXFORD, MISSAUKEE, LAKE, AND OSCEOLA COUNTIES ARE CONSIDERED OUR COMMUNITY BECAUSE A MORE THAN 67 PERCENT OF THE MUNSON HEALTHCARE CADILLAC HOSPITAL INPATIENT POPULATION RESIDES WITHIN THIS AREA OF THE 82,870 PEOPLE WHO LIVE IN THE FOUR-COUNTY REGION, 93% ARE WHITE THE LARGEST MINORITIES ARE AFRICAN AMERICAN (2%), HISPANIC/LATINO (2%) AND NATIVE AMERICAN (1%) THE PROPORTION OF ADULTS OVER 65 YEARS OLD IS LARGER IN THE REGION (20%) THAN THE STATE (16%) IN ADDITION, THE PROPORTION OF OLDER ADULTS IS EXPECTED TO CONTINUE INCREASING ACROSS NORTHERN MICHIGAN AT A MUCH FASTER RATE THAN THE STATE AVERAGE EDUCATION AND INCOME EDUCATION, EMPLOYMENT, AND HEALTH ARE INTRICATELY LINKED WITHOUT A GOOD EDUCATION, PROSPECTS FOR A STABLE AND REWARDING JOB WITH GOOD EARNINGS DECREASE EDUCATION IS ASSOCIATED WITH LIVING LONGER, EXPERIENCING BETTER HEALTH, PRACTICING HEALTH PROMOTING BEHAVIORS SUCH AS EXERCISING REGULARLY, REFRAINING FROM SMOKING, AND OBTAINING TIMELY HEALTH CHECKUPS AND SCREENINGS A LARGER PERCENTAGE OF THE POPULATION OF MICHIGAN HAVE A COLLEGE DEGREE (27%) THAN IN IN THE FOUR-COUNTY REGION, WHERE COLLEGE ATTAINMENT IS BETWEEN 13% (OSCEOLA) AND 17% (WEXFORD) HOWEVER, THE PROPORTION OF THE POPULATION WITH A HIGH SCHOOL DIPLOMA IS ABOUT THE SAME IN THESE FOUR COUNTIES AS IT IS FOR MICHIGAN OVERALL AROUND 87% AMONG THESE FOUR COUNTIES, MEDIAN HOUSEHOLD INCOME IS HIGHEST IN WEXFORD COUNTY AT 42,790, THIS IS STILL WELL BELOW MEDIAN INCOME IN MICHIGAN (52,668) IN ADDITION, WITHIN THESE COUNTIES, STARK INCOME INEQUALITY EXISTS FOR EXAMPLE, IN MISSAUKEE AND LAKE COUNTIES, THE AVERAGE INCOME OF THE TOP 1% OF EARNERS IS MORE THAN 15 TIMES THE AVERAGE INCOME OF ALL OTHER EARNERS IN THE COUNTY QUALITY CADILLAC HOSPITAL IS KNOWN FOR HIGH QUALITY CARE BASED ON RATINGS FROM OUTSIDE AGENCIES, INCLUDING AN A PATIENT SAFETY RATING FROM THE LEAPFROG GROUP CADILLAC HOSPITAL HAS RECEIVED A 5-STAR CMS RATING FOR OVERALL HOSPITAL QUALITY ONE OF JUST 10 HOSPITALS IN MICHIGAN TO RECEIVE THE TOP RATING BASED ON QUALITY MEASURES CADILLAC HOSPITAL HAS BEEN NAMED AS ONE OF THE TOP 100 RURAL & COMMUNITY HOSPITALS IN THE NATION BY THE CHARTIS CENTER FOR RURAL HEALTH REGARDED AS ONE OF THE INDUSTRYS MOST SIGNIFICANT DESIGNATIONS OF PERFORMANCE EXCELLENCE, THE ANNUAL TOP 100 RURAL & COMMUNITY HOSPITALS AWARD IS BASED UPON THE RESULTS OF THE HOSPITAL STRENGTH INDEX FROM IVANTAGE HEALTH ANALYTICS THE HOSPITAL STRENGTH INDEX IS THE INDUSTRY'S MOST COMPREHENSIVE AND OBJECTIVE ASSESSMENT OF RURAL HOSPITAL PERFORMANCE IN THE UNITED STATES RURAL HOSPITALS ARE CHOSEN BASED ON SCORES OF PERFORMANCE IN 50 RURAL-RELEVANT INDICATORS CADILLAC HOSPITAL ALSO HAS BEEN DESIGNATED BY BLUE CROSS BLUE SHIELD OF MICHIGAN AS A BLUE DISTINCTION CENTER+ FOR MATERNITY CARE AND KNEE AND HIP REPLACEMENT

Form and Line Reference	Explanation
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	THE CADILLAC HOSPITAL BOARD OF DIRECTORS IS MADE UP OF MEDICAL AND BUSINESS PROFESSIONALS, THE MAJORITY OF WHOM RESIDE IN THE HOSPITAL'S PRIMARY SERVICE AREA THESE VOLUNTEERS GIVE NUMEROUS HOURS OF SERVICE TO THE HOSPITAL IN THEIR OVERSIGHT ROLE THEY ARE INVOLVED IN T HE COMMUNITY NEEDS ASSESSMENT PROCESS, FUNDRAISING, AND GENERAL STEWARDSHIP MEDICAL STAFF PRIVILEGES ARE OFFERED TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY SUBJECT TO CREDENTIAL ING REVIEW AND REQUIREMENTS OF THE MEDICAL STAFF AND THE BOARD OF DIRECTORS CADILLAC HOSP ITAL UTILIZES SURPLUS FUNDS TO MAINTAIN ACCESS TO PATIENT SERVICES AND IMPROVE CARE TO PAT IENTS THROUGHOUT ITS SERVICE AREA EXAMPLES OF HOW CADILLAC HOSPITAL PROMOTES THE HEALTH O F THE COMMUNITY THROUGH PROGRAMS INCLUDE HEALTHY FUTURES- A PARTNERSHIP OF AREA HEALTH CA RE PROVIDERS, HEALTH DEPARTMENTS AND MUNSON HEALTHCARE CREATED TO IMPROVE THE HEALTH OF PR EGNANT WOMEN AND CHILDREN UNDER AGE 2 THE HEALTHY FUTURES MODEL OF RN CARE COORDINATION C ONSISTS OF AN OUTCOMES-BASED APPROACH TO INTERVENTION IN THE AREAS OF BREASTFEEDING LONGEV ITY, ACCESS TO HEALTH CARE AND IMMUNIZATIONS SUPPORT GROUPS SUCH AS BARIATRIC, CANCER, N ORTHERNER'S BLIND SUPPORT AND DEPRESSION SUPPORT NORTHERN MICHIGAN DIABETES INITIATIVE (N MDI)- NORTHERN MICHIGAN DIABETES INITIATIVE (NMDI)- A GROUP OF STAKEHOLDERS AND STEERING C OMMITTEE MEMBERS THAT REPRESENT THE 11 COUNTY SERVICE AREA, WITH A VISION TO IMPROVE THE C HRONIC CARE MANAGEMENT OF DIABETES NMDI IS COMMITTED TO PROVIDING LOCAL, REGIONAL, AND NA TIONAL RESOURCES FOR THE PREVENTION AND MANAGEMENT OF DIABETES WHILE MOST DIABETES COLLAB ORATIVES FOCUS ON PROVIDING OPTIMAL EVIDENCE BASED CARE MANAGEMENT TO THE PERSON ALREADY D IAGNOSED WITH DIABETES, NMDI FOCUSES ON CONCURRENT UPSTREAM TARGETED EDUCATION OF THREE SP ECIFIC POPULATIONS THE GENERAL COMMUNITY, THE SOCIOECONOMICALLY CHALLENGED HIGH RISK POPU LATION, AND RURAL PRIMARY CARE PROVIDERS (PCP) CARING FOR DIABETIC PATIENTS SENIOR FIT - IN COLLABORATION WITH THE CADILLAC AREA YMCA, IS AN EVIDENCE-BASED MODEL IS DESIGNED TO IM PROVE THE OVERALL HEALTH OF SENIORS WHILE PROVIDING AN UNDERSTANDING OF HOW TO EXERCISE IN A SAFE AND EFFECTIVE MANNER THIS PROGRAM HAS HAD POSITIVE CLINICAL OUTCOMES AND CONTINUE S TO ENJOY MUCH SUCCESS WITH THE AVERAGE CLASS SIZE OF 70-80 PARTICIPANTS PARTICIPATING IN FOUR CLASSES TWICE A WEEK THE PROGRAM HAS BEEN EXPANDED TO INCLUDE CLASSES AT THE YMCA A ND AN OFFSITE SENIOR LIVING COMPLEX UNITED WAY 2-1-1 - MUNSON HEALTHCARE CADILLAC HOSPITA L CONTINUES TO PROVIDE A VOICE OF SUPPORT FOR THE 2-1-1- INITIATIVE AND RECEIVES RECOGNITI ON AS A LEADER COMMITTED TO THE HEALTH AND WELFARE ACROSS OUR TWO COUNTIES STEHOUWER FREE CLINIC - MUNSON CADILLAC HOSPITAL IS AN IMPORTANT FUNDING SOURCE FOR THE CLINIC AND IS CO MMITTED TO SERVING THOSE IN THE COMMUNITY THAT HAVE LIMITED OR NO ACCESS TO CARE OTHERWISE IN ADDITION TO AN ANNUAL DONATION, THE HOSPITAL PROVIDES IN-KIND SUPPORT TO THE CLINIC I N THE WAY OF IMAGING AND LAB SERVICES AND SELECT MEDICATIONS AT NO CHARGE MUNSON CADILLAC HOSPITAL PARTNERS WITH THE MEDICATION ACCESS PROGRAM (MAP) PROVIDING PRESCRIPTION MEDICAT IONS TO THOSE WHO ARE UNINSURED OR UNDERINSURED MUNSON HEALTHCARE CADILLAC HOSPITAL PARTN ERS WITH DISTRICT HEALTH DEPARTMENT 10 TO REDUCE THE RATE OF TOBACCO USE IN THE COMMUNITY WITH REFERRALS TO THE STATE OF MICHIGAN QUIT LINE ALONG WITH PROVIDING SMOKING CESSATION R ESOURCES TO PREGNANT WOMEN MUNSON HEALTHCARE CADILLAC HOSPITAL PARTNERS WITH MSU EXTENSIO N TO OFFER COOKING MATTERS FOR FAMILIES ONSITE A NUTRITION PROGRAM WHERE PARTICIPANTS LEA RN HOW TO EAT HEALTHY, COOK AND GROCERY SHOP ON A LIMITED BUDGET THROUGH VARIOUS FUNDRAIS ING EVENTS AND ACTIVITIES, MUNSON HEALTHCARE CADILLAC HOSPITAL OFFERS REDUCED-COST MAMMOGR APHY AND OTHER BREAST CANCER DIAGNOSTIC SERVICES TO PATIENTS THROUGHOUT THE COMMUNITY WHO ARE UNDERINSURED WEXFORD-MISSAUKEE ISD TIME SHARE - MUNSON HEALTHCARE CADILLAC HOSPITAL H AS PARTNERED WITH THE WEXFORD-MISSAUKEE CAREER & TECHNICAL CENTER TO OFFER REAL WORLD MEDI CAL EXPERIENCES TO OUR SECOND YEAR HEALTH SCIENCE CAREERS STUDENTS TODAY, STUDENTS HAVE A STATE OF THE ART FACILITY TO PRACTICE THEIR SKILLS, LEARN FIRSTHAND WHAT GOES ON IN A HOS PITAL, EXPLORE WHAT AREA OF MEDICINE/HEALTH CARE THEY ARE MOST INTERESTED IN, ALL WHILE GA INING VALUABLE EXPERIENCE WORKING DIRECTLY ON THE FLOOR WITH THE CADILLAC HOSPITAL STAFF E VERY DAY MEDICATION ASSISTANCE PROGRAM - THE PURPOSE IS TO SUPPLY ESSENTIAL PRESCRIPTIONS TO INDIVIDUALS WHO ARE WITHOUT RESOURCES BEING DISCHARGED FROM THE HOSPITAL DINING WITH DIABETES COMMUNITY PARTNERSHIP WITH MUNSON CADILLAC HOSPITAL, MSU EXTENSION, WEXFORD PHYSI CIAN HOSPITAL ORGANIZATION, MEIJER GROCERY AND THE CADILLAC SENIOR CENTER THIS PROGRAM IS DESIGNED FOR INDIVIDUALS WHO ARE AT RISK OF DIABETES OR HAVE BEEN DIAGNOSED WITH DIABETES YOUTH FIT IS A PROGRAM INVOLVING A PARTNERSHIP WITH THE MUNSON CADILLAC HOSPITAL, CADILL AC YMCA, CADILLAC AREA PUBLIC SCHOOLS THE PROGRAM

Form and Line Reference	Explanation
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	IS DESIGNED TO ADDRESS OBESITY IN YOUTH OVER 30 PARTICIPANTS PARTAKE IN SPECIAL PROGRAMI NG INCLUDES SWIMMING, SNOWSHOEING AND BOWLING, ALONG WITH NUTRITIONAL EDUCATION

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM	MUNSON HEALTHCARE CADILLAC'S SOLE CORPORATE MEMBER IS MUNSON HEALTHCARE, A 501(C)(3) CORPORATION THE MUNSON HEALTHCARE SYSTEM CONSISTS OF A MAJOR TERTIARY REFERRAL HOSPITAL, SEVERAL RURAL-BASED MEDICAL CENTERS, EXTENSIVE OUTPATIENT TREATMENT AND REHABILITATION FACILITIES, AND ANCILLARY EMERGENCY, TRANSPORTATION AND HOME-BASED MEDICAL SERVICES THAT COVER 24 COUNTIES IN MICHIGANS NORTHERN LOWER PENINSULA AND THE EASTERN PORTION OF THE UPPER PENINSULA THE MOST SIGNIFICANT OF THE MUNSON HEALTHCARE SUBSIDIARIES IS MUNSON MEDICAL CENTER (MMC) MMC IS ONE OF NINE NOT-FOR-PROFIT HOSPITALS WHICH ARE AFFILIATED WITH EACH OTHER AND SERVE AS THE ONLY HOSPITALS IN THEIR COMMUNITIES EACH OF THE AFFILIATED HOSPITALS HAS INDIVIDUAL COMMUNITY HEALTH INITIATIVES AND/OR PROMOTION ACTIVITIES, AS WELL AS SHARED INITIATIVES THE OWNED HOSPITALS IN THE MUNSON HEALTHCARE SYSTEM INCLUDE MUNSON MEDICAL CENTER, PAUL OLIVER MEMORIAL HOSPITAL, MUNSON HEALTHCARE CADILLAC, MUNSON HEALTHCARE GRAYLING, MUNSON HEALTHCARE CHARLEVOIX HOSPITAL, MUNSON HEALTHCARE MANISTEE HOSPITAL AND MUNSON HEALTHCARE OTSEGO MEMORIAL HOSPITAL MMC WORKS IN COOPERATION WITH OTHER ENTITIES IN THE MUNSON HEALTHCARE SYSTEM TO PROVIDE A FULL RANGE OF HEALTH SERVICES TO THE COMMUNITIES IN SYSTEM SERVICE AREA THE HOME HEALTH DIVISION OF MUNSON HEALTHCARE PROVIDES HOME NURSE AND AIDE SERVICES IN ADDITION TO DURABLE MEDICAL EQUIPMENT AND A PALLIATIVE CARE AND HOSPICE PROGRAM ON THE MUNSON CAMPUS COMMUNITY BENEFIT, IN THE FORM OF CHARITY CARE AND UNREIMBURSED MEDICAID ARE PROVIDED THROUGH THIS DIVISION EACH YEAR NORTH FLIGHT, INC IS THE CHARITABLE TRANSPORTATION ENTITY IN THE SYSTEM WITH ITS FIXED WING AND GROUND TRANSPORT, PATIENTS IN THE SYSTEM ARE ABLE TO ACCESS APPROPRIATE CARE UTILIZING THE COMMUNITY HEALTH NEEDS ASSESSMENTS, MUNSON HEALTHCARE COORDINATES COMMUNITY BENEFIT PROGRAMS AMONG THE MEMBER ORGANIZATIONS THROUGH PLANNING, DEVELOPING, IMPLEMENTING, EVALUATING AND FUNDING PROGRAMS THAT ADDRESS COMMUNITY NEEDS IN TOTAL, THE MUNSON HEALTHCARE SYSTEM PROVIDES SUBSTANTIAL CHARITY CARE AND COMMUNITY BENEFITS, INCLUDING NUMEROUS UNCOMPENSATED COMMUNITY HEALTH IMPROVEMENT SERVICES AND PROGRAMS, OUTREACH PROGRAMS, BAD DEBT, AND UNREIMBURSED MEDICARE AND MEDICAID SERVICES TO NORTHERN MICHIGAN

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	MICHIGAN

Additional Data

Software ID:

Software Version:

EIN: 47-1156297

Name: MUNSON HEALTHCARE CADILLAC

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	MUNSON HEALTHCARE CADILLAC 400 HOBART ST CADILLAC, MI 49601 WWW MUNSONHEALTHCARE ORG 1060000041	X	X					X			

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY 1, MUNSON HEALTHCARE CADILLAC - PART V, LINE 3E	YES, THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND WERE IDENTIFIED THROUGH THE CHNA

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY 1, MUNSON HEALTHCARE CADILLAC - PART V, LINE 5	COMMUNITY HEALTH NEEDS ASSESSMENT METHODS WE USED THE MOBILIZING FOR ACTION THROUGH PLANNI NG AND PARTNERSHIPS (MAPP) FRAMEWORK TO GUIDE THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCES S MAPP, DEVELOPED BY THE NATIONAL ASSOCIATION FOR COUNTY & CITY HEALTH OFFICIALS AND THE US CENTERS FOR DISEASE CONTROL AND PREVENTION, IS CONSIDERED THE GOLD STANDARD FOR COMMUNI TY HEALTH ASSESSMENT AND IMPROVEMENT PLANNING MAPP IS A COMMUNITY-DRIVEN PLANNING TOOL TH AT APPLIES STRATEGIC THINKING TO PRIORITY ISSUES AND IDENTIFIES RESOURCES TO ADDRESS THEM THE COMMUNITY HEALTH ASSESSMENT PORTION OF THE MAPP PROCESS INCLUDES FOUR PHASES PHASE O NE ORGANIZE FOR SUCCESS IN SPRING 2018, WE BEGAN THE PROCESS OF BRINGING PARTNERS TOGETHE R TO LAY THE FOUNDATIONS OF THE MITHRIVE PROJECT WE ORGANIZED A STEERING COMMITTEE WITH R EPRESENTATION FROM LOCAL HOSPITALS, LOCAL HEALTH DEPARTMENTS, FEDERALLY-QUALIFIED HEALTH C ENTERS, COMMUNITY MENTAL HEALTH, AND THE AREA AGENCY ON AGING FROM THE BEGINNING, WE LAID PLANS FOR REACHING OUT TO NEW PARTNERS IN OTHER SECTORS TO JOIN MITHRIVE PHASE TWO VISI ONING THE STEERING COMMITTEE TOGETHER SET THE VISION OF THE PROJECT FOR THE COMMUNITY A V IBRANT, DIVERSE, AND CARING COMMUNITY IN WHICH REGIONAL COLLABORATION ALLOWS ALL PEOPLE TH E ABILITY TO ACHIEVE OPTIMUM PHYSICAL, MENTAL, CULTURAL, SOCIAL, SPIRITUAL, AND ECONOMIC H EALTH AND WELL-BEING PHASE THREE THE ASSESSMENTS COMMUNITY THEMES AND STRENGTHS ASSESSME NT THIS ASSESSMENT GATHERED INPUT (MOSTLY QUALITATIVE) FROM COMMUNITY MEMBERS TO FIND OUT HOW THEY PERCEIVE THEIR QUALITY OF LIFE, SEE ASSETS AND PROBLEMS IN THEIR COMMUNITIES, AND DEFINE WHAT IS IMPORTANT TO THEM COMMUNITY INPUT BOARDS THE PURPOSE OF THE COMMUNITY INP UT BOARDS WAS TO GATHER FEEDBACK FROM THE GENERAL PUBLIC ON HOW THEIR COMMUNITY CONTEXT IM PACTS HEALTH AT LARGE COMMUNITY EVENTS, COMMUNITY MEMBERS ANSWERED TWO QUESTIONS BY WRITI NG THEIR ANSWER ON A STICKY NOTE AND STICKING IT TO THE QUESTION BOARD THESE ARE THE QUES TIONS WE ASKED 1 WHAT IN YOUR COMMUNITY HELPS YOU LIVE A HEALTHY LIFE? 2 WHAT CAN BE DO NE IN YOUR COMMUNITY TO IMPROVE HEALTH AND QUALITY OF LIFE? WE COLLECTED DATA USING COMMUN ITY INPUT BOARDS FROM JULY-OCTOBER 2018 MINI CLIENT INTERVIEWS THE PURPOSE OF THE MINI CL IENT INTERVIEWS WAS TO GATHER INPUT FROM SPECIFIC VULNERABLE POPULATIONS BY PARTNERING WIT H ORGANIZATIONS THAT SPECIALIZE IN WORKING WITH THESE POPULATIONS OUR QUESTIONS FOCUSED O N BARRIERS TO ACCESSING HEALTH CARE 1 IN THE PAST YEAR, WHAT CHALLENGES HAVE YOU OR YOUR FAMILY HAD TRYING TO GET HEALTH CARE YOU NEEDED? 2 WHAT KIND OF HEALTH CARE DID YOU HAVE TROUBLE GETTING? 3 WHAT WOULD MAKE IT EASIER TO GET CARE? COMMUNITY HEALTH STATUS ASSESS MENT THE PURPOSE OF THIS ASSESSMENT WAS TO COLLECT QUANTITATIVE, SECONDARY DATA ABOUT THE HEALTH, WELLNESS, AND SOCIAL DETERMINANTS OF HEALTH OF ALL RESIDENTS IN OUR COUNTIES THIS INVOLVED GATHERING STATISTICS FROM SOURCES LIKE THE MICHIGAN DEPARTMENT OF HEALTH AND HUM AN SERVICES, THE CENTER FOR ME

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY 1, MUNSON HEALTHCARE CADILLAC - PART V, LINE 5	DICARE AND MEDICAID SERVICES, THE CENTERS FOR DISEASE CONTROL AND PREVENTION, COUNTY HEALT H RANKINGS, THE CENSUS BUREAU, AND OTHER ESTABLISHED SOURCES LOCAL COMMUNITY HEALTH SYSTE M ASSESSMENT THE PURPOSE OF THIS ASSESSMENT WAS TO GATHER INPUT FROM ORGANIZATIONS SERVING THE COMMUNITY, AND GET A SYSTEM PERSPECTIVE ON WORK BEING DONE IN THE COMMUNITY FACILITA TORS GUIDED DISCUSSIONS AT HUMAN SERVICES COORDINATING BODIES AND OTHER GROUPS DISCUSSION S FOCUSED ON DIFFERENT ASPECTS OF HOW ALL COMMUNITY ORGANIZATIONS AND ENTITIES WORK TOGETH ER AS A UNIFIED SYSTEM TO SERVE THE COMMUNITIES WE ORGANIZED NOTES BY LOOKING AT SYSTEM O PPORTUNITIES, SYSTEM WEAKNESSES, AND SYSTEM STRENGTHS FORCES OF CHANGE ASSESSMENT THE PUR POSE OF THIS ASSESSMENT WAS TO IDENTIFY FORCES TRENDS, FACTORS, AND EVENTS THAT ARE INFLUE NCING OR LIKELY WILL INFLUENCE THE HEALTH AND QUALITY OF LIFE OF THE COMMUNITY OR THAT IMP ACT THE WORK OF THE LOCAL COMMUNITY HEALTH SYSTEM IN NORTHERN MICHIGAN THIS ASSESSMENT PR OVIDES CRITICAL INFORMATION ABOUT THE LARGER CONTEXT INFLUENCING THE POTENTIAL SUCCESS OF THE STRATEGIES WE DEVELOP THIS ASSESSMENT WAS DONE THROUGH FOUR CROSS-SECTOR EVENTS, IN T RAVERSE CITY (2), WEST BRANCH, AND BIG RAPIDS THE DISCUSSION FOCUSED ON SEVEN TYPES OF FO RCES AFFECTING THE COMMUNITY ECONOMIC, ENVIRONMENTAL, ETHICAL, SOCIAL/CULTURAL, TECH/SCIE NCE/EDUCATION, POLITICAL/LEGISLATIVE, AND SCIENTIFIC AFTER IDENTIFYING FORCES AT WORK, WE LOOKED AT THREATS AND OPPORTUNITIES PRESENTED BY THESE FORCES THE FIRST THREE FORCES OF CHANGE EVENTS FOCUSED BROADLY ON ANY ISSUES AFFECTING THE COMMUNITY AFTER AGING POPULATIO N WAS IDENTIFIED AT ALL THREE EVENTS AS ONE OF THE MOST POWERFUL FORCES IN OUR NORTHERN MI CHIGAN COMMUNITIES, WE ADDED A FOURTH EVENT FOCUSED SPECIFICALLY ON HOW THESE SEVEN TYPES OF FORCES INTERSECT WITH ISSUES AROUND A GROWING AGING POPULATION

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY 1, MUNSON HEALTHCARE CADILLAC - PART V, LINE 6A	MUNSON MEDICAL CENTER, MUNSON HEALTHCARE CADILLAC, MUNSON HEALTHCARE GRAYLING, PAUL OLIVER MEMORIAL HOSPITAL, MUNSON HEALTHCARE CHARLEVOIX HOSPITAL, MUNSON HEALTHCARE OTSEGO MEMORIAL HOSPITAL, MUNSON HEALTHCARE MANISTEE HOSPITAL, AND KALKASKA MEMORIAL HEALTH CENTER ALL WORKED TOGETHER ON REGIONAL CHNA EFFORTS AS PART OF THE MITHRIVE REGIONAL CHNA INITIATIVE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY 1, MUNSON HEALTHCARE CADILLAC - PART V, LINE 6B	BENZIE-LEELANAU DISTRICT HEALTH DEPT, CENTRAL MICHIGAN DISTRICT HEALTH DEPARTMENT, DISTRICT HEALTH DEPT 2, 4, 10 GRAND TRAVERSE COUNTY HEALTH DEPT HEALTH DEPARTMENT OF NORTHWEST MICHIGAN, NORTHEAST MICHIGAN COMMUNITY SERVICE AGENCY, NORTH COUNTRY COMMUNITY MENTAL HEALTH, NORTHERN MICHIGAN COMMUNITY HEALTH INNOVATION REGION, TRAVERSE HEALTH CLINIC OUR CONTINUED COMMITMENT TO OUR MISSION OF WORKING TOGETHER WITH OUR PARTNERS TO PROVIDE SUPERIOR QUALITY CARE AND PROMOTE COMMUNITY HEALTH IS REFLECTED IN OUR COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), AS WELL AS IN THE WORK WE DO EACH DAY TO BETTER UNDERSTAND AND ADDRESS THE HEALTH NEEDS OF OUR COMMUNITY FOR THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT, THIS COMMITMENT IS EVIDENT IN OUR PARTICIPATION IN MITHRIVE, A REGIONAL, COLLABORATIVE PROJECT DESIGNED TO BRING TOGETHER DOZENS OF ORGANIZATIONS ACROSS 31 COUNTIES OF NORTHERN MICHIGAN TO IDENTIFY LOCAL NEEDS AND WORK TOGETHER TO IMPROVE OUR COMMUNITIES WHERE WE LIVE, LEARN, WORK, AND PLAY POWERFULLY INFLUENCES OUR HEALTH IMPROVING COMMUNITY HEALTH REQUIRES A BROAD FOCUS AND COORDINATION AMONG DIVERSE AGENCIES AND STAKEHOLDERS THE GOAL IS TO CONTINUE TO BUILD NEW PARTNERSHIPS AND GATHER INPUT FROM MORE ORGANIZATIONS AND RESIDENTS OUR CHNA REPRESENTS A COLLABORATIVE, COMMUNITY-BASED APPROACH TO IDENTIFY, ASSESS, AND PRIORITIZE THE MOST IMPORTANT HEALTH ISSUES AFFECTING OUR COMMUNITY, GIVING SPECIAL ATTENTION TO THE POOR AND UNDERSERVED IN OUR SERVICE AREA THE PROCESS IS ALSO THE FOUNDATION THAT WE WILL USE TO COLLABORATIVELY PLAN, DEVELOP, AND FOSTER PROGRAMS TO EFFECTIVELY ADDRESS THOSE NEEDS IN OUR COMMUNITY FACILITY 1, MUNSON HEALTHCARE CADILLAC - PART V, LINE 7A HTTPS //WWW MUNSONHEALTHCARE ORG/MEDIA/FILE/4987%20CADILLAC%20CHNA %20REPORT%202019 PDF FACILITY 1, MUNSON HEALTHCARE CADILLAC - PART V, LINE 10A HTTPS //WWW MUNSONHEALTHCARE ORG/MEDIA/FILE/4987%20CADILLAC%20CHNA %20IMPLEMENTATION%20STRATEGY%202019 PDF

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY 1, MUNSON HEALTHCARE CADILLAC - PART V, LINE 11	WE IDENTIFIED STRATEGIC ISSUES AS PART OF THE MITHRIVE COLLABORATIVE STRATEGIC ISSUES ARE BROADER THAN INDIVIDUAL HEALTH CONDITIONS, AND REPRESENT UNDERLYING CHALLENGES THAT NEED TO BE ADDRESSED, WHICH WOULD LEAD TO IMPROVEMENT IN HEALTH CONDITIONS EACH STRATEGIC ISSUE SHOULD IMPACT MORE THAN ONE HEALTH CONDITION EACH STRATEGIC ISSUE WAS PRIORITIZED USING THE FOLLOWING CRITERIA 1 MAGNITUDE HOW MANY PEOPLE ARE IMPACTED BY THIS ISSUE? 2 SEVERITY HOW URGENT IS THIS ISSUE AND WHAT ARE THE CONSEQUENCES OF NOT ADDRESSING IT NOW? 3 VALUES DOES THE COMMUNITY CARE ABOUT THIS ISSUE? WHICH ISSUE IS MOST IMPORTANT TO THE COMMUNITY? 4 IMPACT HOW MUCH IMPACT WOULD IMPROVING OR FOCUSING ON THIS ISSUE HAVE ON HEALTH, HEALTH EQUITY, AND QUALITY OF LIFE? 5 SUSTAINABILITY AND ACHIEVABILITY IS THE ISSUE WITHIN OUR SPHERE OF CONTROL? WILL WE HAVE THE EXPERTISE NECESSARY TO ADDRESS IT? THROUGH THIS PROCESS THESE PRIORITY ISSUES WERE IDENTIFIED THE TWO TOP PRIORITY ISSUES TO BE ADDRESSED HOW DO WE ENSURE A COMMUNITY THAT PROVIDES PREVENTIVE AND ACCESSIBLE MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES? ACTION PLAN ON PAGE 5 HOW DO WE ADDRESS BASIC NEEDS OF LIVING TO CREATE RESILIENCY AND PROMOTE EQUITY? ACTION PLAN ON PAGE 7 ADDITIONAL STRATEGIC ISSUES IDENTIFIED HOW DO WE IMPROVE ACCESS TO COMPREHENSIVE HEALTH CARE FOR ALL? HOW DO WE FOSTER A SENSE OF COMMUNITY THAT PROMOTES TRUST, SOCIAL SUPPORT, AND I INCLUSIVENESS? HOW DO WE IMPROVE PREVENTION AND REDUCE HEALTH RISKS FOR LEADING CAUSES OF DEATH? STRATEGIC ISSUES THAT WILL NOT BE TARGETED AND WHY CADILLAC HOSPITAL ACKNOWLEDGES THE WIDE RANGE OF ISSUES THAT EMERGED FROM THE CHNA PROCESS, AND DETERMINED THAT WITH THE BROAD NATURE OF THE STRATEGIC ISSUES WE COULD EFFECTIVELY FOCUS ON ONLY THOSE ISSUES THAT WERE PRIORITIZED THE HIGHEST BY OUR COMMUNITY DUE TO THE LOWER PRIORITIZATION, CADILLAC HOSPITAL WILL NOT TARGET THE FOLLOWING IDENTIFIED STRATEGIC ISSUES HOW DO WE IMPROVE ACCESS TO COMPREHENSIVE HEALTH CARE FOR ALL? HOW DO WE FOSTER A SENSE OF COMMUNITY THAT PROMOTES TRUST, SOCIAL SUPPORT, AND INCLUSIVENESS? HOW DO WE IMPROVE PREVENTION AND REDUCE HEALTH RISKS FOR LEADING CAUSES OF DEATH? WHILE WE ARE NOT TARGETING THESE STRATEGIC ISSUES IN THIS IMPLEMENTATION STRATEGY, WE STILL COMMIT TO CONTINUING OUR EFFORTS TO IMPROVE THESE ISSUES AS WELL RESOURCES THE HOSPITAL PLANS TO COMMIT TO ADDRESS THE ISSUES WE PLAN TO COMMIT THE RESOURCES BELOW IN ORDER TO FACILITATE THE EXECUTION OF OUR IMPLEMENTATION STRATEGY THESE RESOURCES INCLUDE STAFF TIME NEEDED FOR PROGRAMMING, PARTICIPATION IN COLLABORATIVE PROJECTS, BOARDS, AND SUPPORT FOR OTHER COMMUNITY IMPROVEMENT PROJECTS RELATED TO OUR PRIORITY STRATEGIC ISSUES SUPPORT (IN-KIND AND/OR FINANCIAL) FOR PROGRAMS, COMMUNITY COLLABORATIONS, AND ORGANIZATIONS WHO HAVE DEMONSTRATED A NEED FOR ASSISTANCE IN ADDRESSING THE PRIORITY STRATEGIC ISSUES

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY 1, MUNSON HEALTHCARE CADILLAC - PART V, LINE 13H	PATIENTS WHOSE FAMILY INCOME EXCEEDS 400% OF THE FPG MAY BE ELIGIBLE TO RECEIVE DISCOUNTED RATES ON A CASE-BY-CASE BASIS BASED ON THEIR SPECIFIC CIRCUMSTANCES, AT THE SOLE DISCRETION OF MUNSON HEALTHCARE FACILITY 1, MUNSON HEALTHCARE CADILLAC - PART V, LINE 16A HTTPS //WWW MUNSONHEALTHCARE ORG/MEDIA/FILE/FINANCIAL_ASSISTANCE_%20POLICY %20(10_16_17) 12_4_19 PDF FACILITY 1, MUNSON HEALTHCARE CADILLAC - PART V, LINE 16B HTTPS //WWW MUNSONHEALTHCARE ORG/MEDIA/FILE/CADILLAC%20HOSPITAL%20- %20FINANCIAL% 20ASSISTANCE PDF FACILITY 1, MUNSON HEALTHCARE CADILLAC - PART V, LINE 16C HTTPS //WWW MUNSONHEALTHCARE ORG/PATIENTS-VISITORS/BILL-PAY/ FINANCIAL-ASSISTANCE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY 1, MUNSON HEALTHCARE CADILLAC - PART V, LINE 16J	IT IS THE GOAL OF MUNSON HEALTHCARE TO COMMUNICATE TO THE PATIENTS AND TO THE PUBLIC THE AVAILABILITY OF FINANCIAL ASSISTANCE TO THOSE WHO QUALIFY THIS WILL BE ACHIEVED THROUGH ONE OR MORE OF THE FOLLOWING METHODS INFORMATION BROCHURES AVAILABLE AT THE REGISTRATION DESKS, BROCHURES DISTRIBUTED TO ALL SELF-PAY PATIENTS, INFORMATION POSTED ON THE WEBSITE, STATEMENT ON BILLS, SIGNS IN THE REGISTRATION AREAS, AND CALLS MADE TO ALL SELF-PAY PATIENTS AFTER SERVICE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY 1, MUNSON HEALTHCARE CADILLAC - PART V, LINE 20E	MUNSON HEALTHCARE CADILLAC (CADILLAC) REVIEWS LARGE DOLLAR ACCOUNTS TO ENSURE ASSISTANCE HAS BEEN OFFERED TO PATIENTS BEFORE THE ACCOUNTS ARE TRANSFERRED TO A CREDIT AGENCY ONCE AN ACCOUNT HAS BEEN TRANSFERRED TO A CREDIT AGENCY, THE AGENCY REVIEWS THE ACCOUNT TO SEE IF THE PATIENT WOULD BE A POSSIBLE CANDIDATE FOR FINANCIAL ASSISTANCE BEFORE FILING ANY LAWSUITS OR LIENS CADILLAC WILL NOT IMPOSE EXTRAORDINARY COLLECTIONS ACTIONS SUCH AS WAGE GARNISHMENTS, LIENS ON PRIMARY RESIDENCES, OR OTHER LEGAL ACTIONS FOR ANY PATIENT WITHOUT FIRST MAKING REASONABLE EFFORTS TO DETERMINE WHETHER THAT PATIENT IS ELIGIBLE FOR CHARITY CARE UNDER THIS FINANCIAL ASSISTANCE POLICY REASONABLE EFFORTS SHALL INCLUDE 1 VALIDATING THAT THE PATIENT OWES THE UNPAID BILLS AND THAT ALL SOURCES OF THIRD-PARTY PAYMENTS HAVE BEEN IDENTIFIED AND BILLED BY CADILLAC, 2 DOCUMENTING THAT CADILLAC HAS OR HAS ATTEMPTED TO OFFER THE PATIENT THE OPPORTUNITY TO APPLY FOR CHARITY CARE PURSUANT TO THIS POLICY AND THAT THE PATIENT HAS NOT COMPLIED WITH CADILLAC'S APPLICATION REQUIREMENTS, 3 DOCUMENTING THAT THE PATIENT HAS BEEN OFFERED THE OPPORTUNITY TO ENTER INTO A PAYMENT PLAN BUT HAS NOT DONE SO, OR HAS ENTERED INTO A PAYMENT PLAN BUT HAS NOT HONORED THE TERMS OF THAT PLAN THE METHOD IN WHICH CADILLAC DOES THIS IS AS FOLLOWS ALL STATEMENTS INCLUDE A STATEMENT REGARDING THE AVAILABILITY OF PAYMENT PLANS, FINANCIAL ASSISTANCE AND CHARITY CARE CADILLAC WORKS WITH THE COLLECTION AGENCIES TO IDENTIFY INDIVIDUALS THAT MAY QUALIFY FOR CHARITY IF THEY FIND AN INDIVIDUAL, THEY MAY REFER THE PATIENT TO PATIENT ACCOUNTS FOR EVALUATION ALL ACCOUNTS THAT ARE PATIENT-PAY RECEIVE A PHONE CALL TO MAKE THE PATIENT AWARE OF OUR FINANCIAL ASSISTANCE POLICY PRIOR TO THEM GOING TO COLLECTIONS

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MUNSON HEALTHCARE CADILLAC

Employer identification number
47-1156297

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 . . . . . ▶ 3

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

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 CADILLAC MAY AWARD A GRANT OR CONTRIBUTION TO ANOTHER TAX EXEMPT ORGANIZATION BASED ON AN EVALUATION OF THE USE OF THE FUNDS FOR THE PROMOTION OF HEALTH IN THE COMMUNITY THE ONGOING RELATIONSHIP OF MUNSON HEALTHCARE CADILLAC WITH ITS PARTNERS IN THE COMMUNITY FOR THE PROMOTION OF HEALTH ALLOWS FOR THE MONITORING OF THE GRANT AWARD

Additional Data

Software ID:
Software Version:
EIN: 47-1156297
Name: MUNSON HEALTHCARE CADILLAC

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
STEHOUWER FREE CLINIC 201 N MITCHELL ST STE L-1 CADILLAC, MI 49601	61-1401888	501(C)	40,000				MEDICALLY UNDERSERVE
CADILLAC AREA YMCA 9845 CAMPUS DRIVE CADILLAC, MI 49601	30-0013507	501(C)	34,000				SENIOR/YOUTH FIT PRO

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
UNITED WAY OF WEXFORD-MISSAUKEE 421 S MITCHELL ST SUITE 1 CADILLAC, MI 49601	23-7112549	501(C)	10,000				COMMUNITY HEALTH
WEXFORD PHO 117 N MITCHELL STREET SUITE 6 CADILLAC, MI 49601	38-3100681		32,988				MEDICATION ACCESS PR

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MUNSON HEALTHCARE CADILLAC

Employer identification number
47-1156297

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
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			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
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			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
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			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
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	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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				
See Additional Data Table							

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

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 4	EDWIN A NESS 0 140,375 0 TONYA SMITH 0 16,310 0 MARK HEPLER 0 37,442 0 MIKE ZDRODOWSKI 0 10,150 0 KATHRYN BANDFIELD-KEOUGH 0 8,610 0

Return Reference	Explanation
SCHEDULE J, PART III	SUPPLEMENTAL EXECUTIVE RETIREMENT PLANS SUBJECT TO REVIEW AND APPROVAL BY THE BOARD COMPENSATION AND EXECUTIVE LEADERSHIP COMMITTEE, IN ORDER TO RECRUIT AND MAINTAIN QUALIFIED EXECUTIVES, INCLUDING THE PRESIDENT AND VICE-PRESIDENTS, A COMPETITIVE BENEFIT PACKAGE IS OFFERED WHICH INCLUDES PARTICIPATION IN A NON-QUALIFIED SUPPLEMENTAL RETIREMENT PLAN ANNUAL CONTRIBUTIONS, AT MUNSON HEALTHCARE'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 HEALTHCARE

Additional Data

Software ID:

Software Version:

EIN: 47-1156297

Name: MUNSON HEALTHCARE CADILLAC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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				
EDWIN A NESS DIRECTOR	(I)							
	(II)	736,346	176,677	8,699	154,003	28,199	1,103,924	
TONYA SMITH PRESIDENT	(I)							
	(II)	270,265		873	29,885	23,120	324,143	
MARK HEPLER CFO	(I)							
	(II)	378,650	62,803	61,759	60,161	20,876	584,249	11,832
MIKE ZDRODOWSKI COO PART-YEAR	(I)	163,843		339	18,622	24,117	206,921	
	(II)							
DAVID HOBBS MD PHYSICIAN	(I)	891,042		19,390	10,515	25,250	946,197	
	(II)							
KENT BOWDEN DO PHYSICIAN	(I)	868,676		18,936	13,628	28,956	930,196	
	(II)							
FRANK ADAMS MD PHYSICIAN	(I)	498,564		9,754	13,628	31,019	552,965	
	(II)							
TIMOTHY ISERI MD PHYSICIAN	(I)	452,426		1,684	13,628	23,547	491,285	
	(II)							
LOUIS TEGTMEYER DO PHYSICIAN	(I)	405,093		20,074	5,528	10,423	441,118	
	(II)							
KATHRYN BANDFIELD-KEOUGH VP PATIENT CARE SERV	(I)	142,757		526	15,826	24,335	183,444	
	(II)							

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MUNSON HEALTHCARE CADILLAC

Employer identification number
47-1156297

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CNTY GRD TRAV HOSP FIN AUTH 2014C	38-6004832	386523EH3	12-17-2014	16,210,267	PURCHASE THE ASSETS OF CADILLAC HOSPITAL		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	16,210,333			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	208,029			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	16,002,304			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2015			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 780 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5		0 780 %						
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?	X							
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K - DIFFERENCES IN ISSUE PRICE EXPLANATION	CNTY GRD TRAV HOSP FIN AUTH 2014C INVESTMENT INCOME EARNED

Return Reference	Explanation
SCHEDULE K - ADDITIONAL INFORMATION	CNTY GRD TRAV HOSP FIN AUTH 2014C CNTY GRD TRAV HOSP FIN AUTH 2014C MUNSON HEALTHCARE CADILLAC MAINTAINS POLICIES AND PROCEDURES TO REVIEW AND MONITOR ALL CONTRACTS, INCLUDING LEASES, MANAGEMENT, SERVICE AND RESEARCH CONTRACTS THE MONITORING PROCESS INCLUDES A REVIEW BY THE CORPORATE INTERNAL LEGAL DEPARTMENT OUTSIDE COUNSEL MAY BE CONSULTED, AS NECESSARY OUTSIDE COUNSEL IS RETAINED FOR ALL NEW EXEMPT BOND OFFERINGS, DURING WHICH A THOROUGH DUE DILIGENCE PROCESS REVIEWS APPLICABLE CONTACTS SINCE NEW BONDS WERE ISSUED IN THE MUNSON HEALTHCARE SYSTEM IN 2019, OUTSIDE COUNSEL WAS ENGAGED DURING THAT TAX YEAR OBLIGATED GROUP ISSUE RECORDED ON RELATED ORGANIZATIONS ON DECEMBER 17, 2014, THE MUNSON HEALTHCARE OBLIGATED GROUP ISSUED COUNTY OF GRAND TRAVERSE HOSPITAL FINANCE AUTHORITY REVENUE BONDS (MUNSON HEALTHCARE OBLIGATED GROUP) SERIES 2014A, 2014B AND 2014C, AT A PREMIUM THE 2014 SERIES A BONDS ARE RECORDED ON MUNSON MEDICAL CENTER'S BOOKS AND RECORDS AT A PAR VALUE OF 27,620,000 THE 2014 SERIES B BONDS ARE RECORDED ON MUNSON HEALTHCARE GRAYLING'S BOOKS AND RECORDS AT A PAR VALUE OF 13,805,000 THE 2014 SERIES C BONDS ARE RECORDED ON MUNSON HEALTHCARE CADILLAC'S BOOKS AND RECORDS AT A PAR VALUE OF 15,870,000 THE RELATED BOND PREMIUM WAS RECORDED ON THE RESPECTIVE ENTITIES' BOOKS AND RECORDS

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MUNSON HEALTHCARE CADILLAC

Employer identification number
47-1156297

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No
Total				▶ $								

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) NATHAN PIWOWARSKI	SEE PART V	214,284	COMPENSATION PAID		No
(2) DEAN DEKRYGER	SEE PART V	643,791	CONTRACT SERVICES		No
(3) MICHAEL HAMNER	SEE PART V	68,412	COMPENSATION PAID		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART V	PART IV, LINE 1 EMPLOYEE IS A FAMILY MEMBER OF BOARD MEMBER NATHAN PIWOWARSKI PART IV, LINE 2 DEAN DEKRYGER IS A BOARD MEMBER AND OWNS MORE THAN 35% OF THE DK DESIGN GROUP, WHICH PROVIDED CONTRACT SERVICES TO MUNSON HEALTHCARE CADILLAC IN TAX YEAR 2018 PART IV, LINE 3 EMPLOYEE IS A FAMILY MEMBER OF BOARD MEMBER MICHAEL HAMNER

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MUNSON HEALTHCARE CADILLAC

Employer identification number
47-1156297

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	MUNSON HEALTHCARE CADILLAC 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 SUBSIDIARY ENTITIES NOMIN ATIONS TO MUNSON HEALTHCARE FOR SUBSIDIARY DIRECTORS ARE CONSIDERED AND RECOMMENDED BY THE MUNSON HEALTHCARE GOVERNANCE COMMITTEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7B	CERTAIN DECISIONS OF THE MUNSON HEALTHCARE CADILLAC (CAD) TRUSTEES ARE SUBJECT TO APPROVAL BY THE MUNSON HEALTHCARE BOARD OF TRUSTEES INCLUDING THE ADOPTION, AMENDMENT, RESTATEMENT OR REPEAL OF THE ARTICLES OF INCORPORATION OR BYLAWS OF CAD, THE ADOPTION, EXECUTION, REV OCATION OR ABANDONMENT OF A PLAN OF DISSOLUTION, MERGER, CONSOLIDATION, OR REORGANIZATION, THE SALE, LEASE, EXCHANGE OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE PROPERT Y AND ASSETS OF CAD, THE ACQUISITION OF OR THE ESTABLISHMENT OF ANY SUBSIDIARY OR AFFILIAT E OF CAD, THE ADOPTION OF ALL OPERATING BUDGETS AND CAPITAL EXPENDITURE BUDGETS FOR CAD, I NCURRENCE OF OPERATING OR CAPITAL EXPENDITURES BY CAD WHICH CAUSE THE AGGREGATE OPERATING OR CAPITAL EXPENDITURES TO EXCEED BUDGETED AGGREGATES BY MORE THAN FIVE PERCENT (5%) IN AN Y FISCAL YEAR, INCURRENCE OF SECURED BORROWINGS OF CAD WITH THE EXCEPTION OF EQUIPMENT LEA SES AND PURCHASE MONEY SECURITY INTERESTS APPROVED AS PART OF THE BUDGET, THE ADOPTION OR AMENDMENT OF THE MISSION STATEMENT, PURPOSES OR THE STRATEGIC GOALS OF CAD, CHANGE IN SCOP E OF CLINICAL SERVICES OR PROGRAMS PROVIDED BY CAD, AND APPOINTMENT OR REMOVAL OF THE PRES IDENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE MUNSON HEALTHCARE CADILLAC HOSPITAL BOARD IS COMMITTED TO THE ACCURACY AND THOROUGHNES S OF THE FORM 990 REPORTING MUNSON HEALTHCARE CADILLAC HOSPITAL BELONGS TO THE MUNSON HEA LTHCARE SYSTEM MUNSON HEALTHCARE IS THE PARENT COMPANY IN THE MUNSON HEALTHCARE SYSTEM, W HICH UNDERGOES AN AUDIT BY AN EXTERNAL AUDIT FIRM AT THE CORPORATE LEVEL, THE RESPONSIBLE INDIVIDUALS FROM THE FINANCE, ADMINISTRATION, PATIENT FINANCIAL SERVICES, LEGAL, HUMAN RE SOURCES, PUBLIC RELATIONS, AND FUND DEVELOPMENT DEPARTMENTS PREPARE AND REVIEW PORTIONS OF THE FORM 990 THE COMPENSATION AND LEADERSHIP DEVELOPMENT COMMITTEE REVIEWS THE COMPENSAT ION INFORMATION CONTAINED IN THE CORE FORM AS WELL AS THE SCHEDULE J INFORMATION THE CONF LICT, VALUATION AND COMPLIANCE COMMITTEE OVERSEES THE CONFLICT OF INTEREST DISCLOSURE PROC ESS 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 C ONFLICT, VALUATION AND COMPLIANCE ("CVC") COMMITTEE THE CVC COMMITTEE IS COMPOSED OF INDE PENDENT BOARD AND COMMUNITY MEMBERS THE CVC COMMITTEE IS DELEGATED AUTHORITY BY THE BOARD TO REVIEW AND APPROVE THE REASONABLENESS/FAIR MARKET VALUE OF EXECUTIVE COMPENSATION AND FINANCIAL TRANSACTIONS/ARRANGEMENTS WITH DISQUALIFIED PERSONS ANNUALLY, EACH BOARD MEMBER OF MUNSON HEALTHCARE AND ALL OF ITS SUBSIDIARY/CONTROLLED ENTITIES AND ALL MUNSON EXECUTI VES ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE/QUESTIONNAIRE THE RESPONSE S TO THE DISCLOSURE/QUESTIONNAIRE ARE REVIEWED BY THE MUNSON LEGAL DEPARTMENT ANY FINANCI AL ARRANGEMENTS/POTENTIAL CONFLICTS IDENTIFIED THROUGH THE DISCLOSURE/QUESTIONNAIRES ARE P RESENTED TO THE CVC COMMITTEE FOR ITS REVIEW AND DETERMINATION AS TO THE REASONABLENESS/FA IR MARKET VALUE WHEN AN ACTION ITEM IS CONSIDERED BY A BOARD WHICH INVOLVES A POTENTIAL C ONFLICT 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 MUNSO N 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 W ITH ENSURING THAT EXECUTIVE COMPENSATION IS DESIGNED TO ATTRACT AND RETAIN HIGH QUALITY, P ROFESSIONAL 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 AN D REASONABLE THE MUNSON HEALTHCARE CONFLICT, VALUATION AND COMPLIANCE ("CVC") COMMITTEE A LSO REVIEWS THE SURVEY INFORMATION TO EVALUATE THE REASONABLENESS OF EXECUTIVE COMPENSATIO N THAT ANALYSIS OCCURS EACH NOVEMBER COMPENSATION LEVELS REFLECT THE SCOPE OF EACH EXECU TIVE'S RESPONSIBILITIES, EDUCATIONAL BACKGROUND, EXPERIENCE, AND INDUSTRY STANDING AS WELL AS INDIVIDUAL AND ORGANIZATIONAL PERFORMANCE ANNUAL COMPENSATION FOR MUNSON HEALTHCARE S YSTEM EXECUTIVES IS DETERMINED, IN PART, BY MEASURABLE PROGRESS TOWARD THE ORGANIZATION'S GOALS INCLUDING CONTINUED IMPROVEMENT IN CLINICAL QUALITY, COMMUNITY HEALTH, AND OPERATION AL EFFICIENCIES MUNSON HEALTHCARE'S INTENT FOR EXECUTIVE BASE COMPENSATION IS TO BE AT TH E 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 AND KEY EMPLOYEES IS CONSISTENT WITH THAT OF THE TOP EXECUTIVES OF MUNSON HEALTHCARE CADILLAC AND MUNSON HEALTHCARE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE MUNSON HEALTHCARE CADILLAC ARTICLES OF INCORPORATION ARE AVAILABLE TO THE PUBLIC ON TH E MICHIGAN DEPARTMENT OF TREASURY WEBSITE MUNSON HEALTHCARE CADILLAC DOES NOT MAKE THE BY LAWS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC ANNUALLY, MUNSON HEALTHCARE, PARENT CORPORATION, SUBMITS ITS ANNUAL CONSOLIDATED FINANCIAL STATEMENTS TO THE MSRB IN CO MPLIANCE WITH BOND DISCLOSURE REQUIREMENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PURCHASED SERVICES 7,736,691 9,749,379 89,939 PROFESSIONAL FEES 4,627,432 563,847 0 TOTAL 12,364,123 10,313,226 89,939

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN INVESTEMENT IN MUNSON HEALTHCARE FOUNDAT 14,095,320 EQUITY TRANSFER TO MHC -2,000,000 TOTAL 12,095,320

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MUNSON HEALTHCARE CADILLAC

Employer identification number
47-1156297

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	(g) Section 512(b)(13) controlled entity? 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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) NORTHERN MICHIGAN SUPPLY ALLIANCE 2651 AERO PARK DR TRAVERSE CITY, MI 49686 38-3453378	PURCHASING	MI	N/A					No			No	
(2) MUNSON MEDICAL BUILDING PARTNERS PO BOX 1188 TRAVERSE CITY, MI 496851188 38-2830005	REAL ESTAT	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	(i) No
(1)MEDICAL OFFICE BUILDING CONDOMINIUM PO BOX 1188 TRAVERSE CITY, MI 496851188 38-3567278	REAL ESTAT	MI	N/A					Yes	
(2)MUNSON SERVICES INC PO BOX 1188 TRAVERSE CITY, MI 496851188 38-3144382	PHARMACY	MI	N/A					Yes	
(3)MUNSON SUPPORT SERVICES INC PO BOX 1188 TRAVERSE CITY, MI 496851188 38-2872821	LAUNDRY	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 orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, 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	Yes	
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 VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R	MUNSON HEALTHCARE CADILLAC 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

Additional Data

Software ID:
Software Version:
EIN: 47-1156297
Name: MUNSON HEALTHCARE CADILLAC

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	(g) 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	HEALTHCARE	MI	C3	12B	N/A	Yes	
1105 SIXTH ST TRAVERSE CITY, MI 49684 38-2642724	RAISE FUND	MI	C3	7	MUNSON HC MUNSON HEALTHCARE	Yes	
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 38-2657917	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 47-1161992	HOSPITAL	MI	C3	3	MUNSON HC MUNSON HEALTHCARE	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 38-1459366	HOSPITAL	MI	C3	3	MUNSON HC	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
(1)	MUNSON HEALTHCARE	M	8,943,605	ACTUAL AMOUNTS PAID
(1)	MUNSON HEALTHCARE	Q	4,576,235	ACTUAL AMOUNTS PAID
(2)	MUNSON HEALTHCARE	O	139,126	ACTUAL AMOUNTS PAID
(3)	MUNSON HEALTHCARE	P	9,393,732	ACTUAL AMOUNTS PAID
(4)	MUNSON HEALTHCARE	B	2,000,000	ACTUAL AMOUNTS PAID
(5)	MUNSON HEALTHCARE GRAYLING	O	364,819	ACTUAL AMOUNTS PAID
(6)	MUNSON HEALTHCARE GRAYLING	P	106,327	ACTUAL AMOUNTS PAID
(7)	MUNSON HEALTHCARE GRAYLING	Q	156,731	ACTUAL AMOUNTS PAID
(8)	MUNSON MEDICAL CENTER	L	53,968	ACTUAL AMOUNTS PAID
(9)	MUNSON MEDICAL CENTER	M	888,689	ACTUAL AMOUNTS PAID
(10)	MUNSON MEDICAL CENTER	P	33,915,265	ACTUAL AMOUNTS PAID
(11)	MUNSON MEDICAL CENTER	Q	794,075	ACTUAL AMOUNTS PAID
(12)	MUNSON MEDICAL GROUP	M	685,963	ACTUAL AMOUNTS PAID
(13)	MUNSON SUPPORT SERVICES	M	240,965	ACTUAL AMOUNTS PAID
(14)	NORTHERN MICHIGAN SUPPLY ALLIANCE	M	732,423	ACTUAL AMOUNTS PAID
(15)	NORTHERN MICHIGAN SUPPLY ALLIANCE	S	160,065	ACTUAL AMOUNTS PAID
(16)	NORTHERN MICHIGAN SUPPLY ALLIANCE	P	2,732,188	ACTUAL AMOUNTS PAID
(17)	MUNSON HEALTHCARE FOUNDATIONS	C	2,278,438	ACTUAL AMOUNTS PAID
(18)	MUNSON HEALTHCARE FOUNDATIONS	M	89,939	ACTUAL AMOUNTS PAID