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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
HENRY FORD HEALTH SYSTEM

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
ONE FORD PLACE - 5F

City or town, state or country, and ZIP + 4
DETROIT, MI 48202

D Employer identification number
38-1357020

E Telephone number
(313)876-8714

G Gross receipts $ 2,344,298,108

F Name and address of principal officer
JAMES CONNELLY
ONE FORD PLACE
DETROIT, MI 48202

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW HENRYFORD COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1915

M State of legal domicile MI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO IMPROVE PEOPLE'S LIVES THROUGH EXCELLENCE IN THE SCIENCE AND ART OF HEALTH CARE AND HEALING VISION TRANSFORMING LIVES AND COMMUNITIES THROUGH HEALTH AND WELLNESS-ONE PERSON AT A TIME

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	18,360
6	Total number of volunteers (estimate if necessary)	**6**	1,250
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	9,761,430
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-4,857,236

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	40,224,320	35,912,596
	9 Program service revenue (Part VIII, line 2g)	2,085,725,898	2,198,317,808
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,453,312	7,142,072
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	40,708,852	41,981,305
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,189,112,382	2,283,353,781
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,072,954	3,060,609
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,194,791,597	1,258,154,276
	16a Professional fundraising fees (Part IX, column (A), line 11e)	104,903	184,571
	b Total fundraising expenses (Part IX, column (D), line 25) ▶5,029,345		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	942,628,158	975,127,261
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,141,597,612	2,236,526,717
	19 Revenue less expenses Subtract line 18 from line 12	47,514,770	46,827,064

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	1,795,704,012	1,874,131,097
	21 Total liabilities (Part X, line 26)	1,242,208,517	1,325,634,445
	22 Net assets or fund balances Subtract line 21 from line 20	553,495,495	548,496,652

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2012-11-13

▶ JAMES CONNELLY SENIOR VP/CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DELOITTE TAX LLP 200 RENAISSANCE CENTER SUITE 3900 DETROIT, MI 48243			EIN ▶ 86-1065772 Phone no ▶ (313) 396-3000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

AS ONE OF THE NATION'S LEADING INTEGRATED HEALTH SYSTEMS, IT IS THE MISSION OF HENRY FORD HEALTH SYSTEM TO IMPROVE HUMAN LIFE THROUGH THE EXCELLENCE OF THE SCIENCE AND ART OF HEALTH CARE AND HEALING SINCE ITS FOUNDING IN 1915, HFHS HAS BEEN COMMITTED TO PROVIDING HEALTH SERVICES AND IMPROVING THE QUALITY OF LIFE OF ALL OF THE CITIZENS OF THE COMMUNITIES IT SERVES REGARDLESS OF THEIR FINANCIAL CIRCUMSTANCES THE ORGANIZATION PROVIDES HEALTH CARE DELIVERY, INCLUDING ACUTE, SPECIALTY, PRIMARY AND PREVENTATIVE CARE SERVICES BACKED BY EXCELLENCE IN RESEARCH AND EDUCATION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 1,047,935,834 including grants of $ 3,060,609) (Revenue $ 1,080,432,988)

INPATIENT HOSPITALS HENRY FORD HEALTH SYSTEM IS HONORED TO BE THE ONLY ORGANIZATION IN MICHIGAN AND ONE OF FOUR NATIONALLY TO RECEIVE THE 2011 MALCOLM BALDRIGE NATIONAL QUALITY AWARD FOR PERFORMANCE EXCELLENCE A KEY FACET OF OUR AWARD-WINNNING OPERATIONS IS THE COMMUNITY PILLAR, SUPPORTING OUR VISION OF TRANSFORMING LIVES AND COMMUNITIES THROUGH HEALTH AND WELLNESS-ONE PERSON AT A TIME THE ORGANIZATION OPERATES HENRY FORD HOSPITAL (HFH), AN 802 BED TERTIARY CARE HOSPITAL, EDUCATION AND RESEARCH COMPLEX IN THE NEW CENTER AREA OF DETROIT, MICHIGAN THE HOSPITAL IS RECOGNIZED FOR CLINICAL EXCELLENCE AND INNOVATION IN THE FIELDS OF CARDIOLOGY AND CARDIOVASCULAR SURGERY, NEUROLOGY AND NEUROSURGERY, ORTHOPEDICS AND SPORTS MEDICINE, AND TREATMENT OF PROSTATE, BREAST AND LUNG CANCERS AMONG OTHERS THE HOSPITAL IS A MULTI-ORGAN TRANSPLANT CENTER AND LEVEL 1 TRAUMA CENTER THE HOSPITAL HAD REVENUES OF MORE THAN $868 MILLION AND MORE THAN 44,000 ADMISSIONS DURING 2011 MORE THAN 1,000 MEDICAL RESIDENTS, FELLOWS AND STUDENTS PARTICIPATED IN THE ORGANIZATION'S VARIOUS EDUCATIONAL PROGRAMS WEST BLOOMFIELD HOSPITAL, AN OPERATING UNIT OF HFHS, OPENED MARCH 15, 2009 LOCATED IN WEST BLOOMFIELD, THE 300-BED, ALL PRIVATE ROOM HOSPITAL OPENED WITH 191 BEDS, WITH AN ADDITIONAL 109 BEDS EXPECTED TO OPEN IN 2012 SERVICES INCLUDE SPECIALTY CARE, 24-HOUR EMERGENCY CARE, A WELLNESS CENTER AND ALTERNATIVE THERAPIES THE HOSPITAL HAD REVENUES OF MORE THAN $212 MILLION, AND ADMITTED MORE THAN 12,000 PATIENTS TEACHING, RESEARCH, AND ADVANCED PATIENT CARE MAKE HFHS A PREMIER ACADEMIC MEDICAL CENTER AFFILIATED WITH WAYNE STATE UNIVERSITY'S SCHOOL OF MEDICINE, HENRY FORD PROVIDES INNOVATIVE PHYSICIAN TRAINING PROGRAMS AND COLLABORATES ON LEADING-EDGE MEDICAL RESEARCH HENRY FORD MEDICAL EDUCATION OVERVIEW MEDICAL EDUCATION PROGRAMS OFFERED BY HENRY FORD HEALTH SYSTEM INCLUDE UNDERGRADUATE, GRADUATE, CONTINUING, AND ALLIED HEALTH TRAINING PROGRAMS THROUGHOUT SOUTHEAST MICHIGAN THE SYSTEM'S FLAGSHIP HOSPITAL, HENRY FORD HOSPITAL IN DETROIT, IS ONE OF THE NATION'S LARGEST RESEARCH CENTERS, WITH $50 MILLION IN FUNDING FROM THE NATIONAL INSTITUTES OF HEALTH AND OTHER SOURCES AS ONE OF THE LARGEST MEDICAL EDUCATION TEACHING CENTERS IN THE NATION, HENRY FORD TRAINS MORE THAN 1,600 DOCTORS EVERY YEAR HENRY FORD HOSPITAL DOCTORS TRAIN MORE THAN 600 MEDICAL SCHOOL STUDENTS, 500 RESIDENTS AND 150 FELLOWS ACROSS 46 DIFFERENT AREAS OF MEDICINE EVERY YEAR HENRY FORD HOSPITAL RESIDENCY AND FELLOWSHIP PROGRAMS ARE NATIONALLY ACCREDITED M D (DOCTORATE OF MEDICINE) TRAINING PROGRAMS HENRY FORD MACOMB HOSPITALS AND HENRY FORD WYANDOTTE HOSPITAL TRAIN MORE THAN 200 MEDICAL STUDENTS AND 200 RESIDENTS EVERY YEAR THESE HOSPITALS OFFER NATIONALLY ACCREDITED D O (DOCTORATE OF OSTEOPATHIC MEDICINE) AND D P M (DOCTORATE OF PODIATRIC MEDICINE) TRAINING PROGRAMS AS TEACHING PHYSICIANS, HENRY FORD MEDICAL GROUP DOCTORS ARE ALSO FACULTY MEMBERS AT THE WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE, AND MANY OTHER HENRY FORD TEACHING DOCTORS ARE FACULTY MEMBERS AT THE MICHIGAN STATE UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE HENRY FORD HOSPITAL HEALTH SYSTEM'S CENTER FOR SIMULATION, EDUCATION AND RESEARCH ALLOWS DOCTORS TO PRACTICE NEW SKILLS ON LIFE-LIKE MANNEQUINS (ADULT AND CHILD) TO GAIN EXPERIENCE BEFORE CARING FOR THE HUMAN PATIENT THIS 15,000 SQUARE FOOT TRAINING CENTER INCLUDES HIGH-TECH COMPUTERS WHICH CREATE HUNDREDS OF DIFFERENT MEDICAL CONDITION IN SURGERY, LABOR AND DELIVERY, INTENSIVE CARE, EMERGENCY AND ROUTINE HOSPITAL PROCEDURES

4b (Code) (Expenses $ 748,381,859 including grants of $) (Revenue $ 686,876,011)

OUTPATIENT CLINICS THE ORGANIZATION INCLUDES THE HENRY FORD MEDICAL GROUP (HFMG),ONE OF THE NATION'S LARGEST GROUP PRACTICES, WITH 1,200 PHYSICIANS AND RESEARCHERS IN 40 SPECIALTIES FROM 60 COUNTRIES WHO STAFF HENRY FORD HOSPITAL AND HENRY FORD WEST BLOOMFIELD HOSPITAL, ALONG WITH 29 HENRY FORD MEDICAL CENTERS, ENCOMPASSING MORE THAN 2 2 MILLION VISITS HENRY FORD'S MEDICAL CENTERS ARE LOCATED IN WAYNE, OAKLAND, MACOMB AND WASHTENAW COUNTIES SOME MEDICAL GROUP PHYSICIANS ALSO ARE ON STAFF AT OTHER HENRY FORD HOSPITALS THREE MEDICAL CENTERS PROVIDE 24-HOUR EMERGENCY CARE AND AMBULATORY SURGERY AND ARE PRIMARY CARE STROKE CENTERS FOUNDED IN 1915 AFTER CONSULTATIONS WITH PHYSICIANS AT JOHNS HOPKINS HOSPITAL AND THE MAYO CLINIC, THE HENRY FORD MEDICAL GROUP HAS ESTABLISHED ITSELF AS ONE OF THE PREMIER GROUP PRACTICES IN THE NATION OUR LARGE ACADEMIC ENTERPRISE PLACES US IN THE TOP THREE OF TRADITIONALLY INDEPENDENT GROUP PRACTICES THROUGH CLINICAL CARE THE BREADTH AND DEPTH OF THE HENRY FORD MEDICAL GROUP'S CLINICAL SERVICES IS UNPARALLELED BY ANY OTHER INDEPENDENT ACADEMIC MEDICAL CENTER OUR SCALE AND SCOPE ARE IN THE 99TH PERCENTILE OF ALL GROUP PRACTICES, WITH VISIT VOLUMES LARGER THAN MOST GROUP PRACTICES WE ARE NATIONAL LEADERS IN PRIMARY CARE WITH EXPERTISE IN PREVENTIVE CARE SERVICES AND THE HEALTH MANAGEMENT OF SENIOR CITIZENS OUR SPECIALTY CENTERS OF EXCELLENCE ARE NATIONAL LEADERS AS WELL, PROVIDING ADVANCED TERTIARY AND QUATERNARY CARE WITH A FOCUS ON DISCOVERY AND INNOVATION EDUCATION ONE-THIRD OF ALL PHYSICIANS IN MICHIGAN RECEIVED TRAINING AT HENRY FORD, AND OUR POST-GRADUATE MEDICAL EDUCATION ENTERPRISE IS AMONG THE LARGEST IN THE COUNTRY RESEARCH HENRY FORD IS IN THE TOP 6% OF NATIONAL INSTITUTES OF HEALTH-FUNDED INSTITUTIONS AND IN MICHIGAN IS EXCEEDED ONLY BY THE UNIVERSITY OF MICHIGAN AND WAYNE STATE UNIVERSITY LEADERS IN ACADEMIC MEDICINE AND CLINICAL CARE THE HENRY FORD MEDICAL GROUP IS AMONG THE BEST ORGANIZED IN THE COUNTRY OUR SELF-GOVERNED, EMPLOYED PHYSICIAN PRACTICE PROGRAM HAS BEEN COPIED BY MANY OTHERS BECAUSE OF OUR CONTINUING SUCCESS EVEN THROUGH THE TOUGHEST ECONOMIC TIMES THE BRIGHTEST MINDS IN MEDICINE ARE ATTRACTED TO BECOME PART OF THE HENRY FORD MEDICAL GROUP BECAUSE OUR ORGANIZATION PROVIDES PHYSICIANS THE INDEPENDENCE TO PURSUE ADVANCED CLINICAL CARE WHILE UNDERTAKING RESEARCH AS WELL AS ACADEMIC EDUCATIONAL INITIATIVES FOR NEARLY 100 YEARS NOW THE HENRY FORD MEDICAL GROUP HAS FOSTERED ADVANCEMENT IN PATIENT CARE, RESEARCH, AND EDUCATION WHILE ENCOURAGING INNOVATION IN TECHNOLOGY AND PATIENT CARE PROCESSES BOTH IN THE OUTPATIENT AND HOSPITAL SETTINGS FOR THESE REASONS HENRY FORD MEDICAL GROUP PHYSICIANS ARE CONSISTENTLY SELECTED BY THEIR PHYSICIAN PEERS AS TOP DOCTORS IN VARIOUS LOCAL AND NATIONAL PUBLISHED SURVEYS AND TO LEAD NATIONAL AND STATE MEDICAL ASSOCIATIONS HENRY FORD MEDICAL GROUP PHYSICIANS WORK TOGETHER IN LEADERSHIP AND AS EVERYDAY PARTNERS TO CONTINUE TO BRING THE BEST POSSIBLE CARE TO EVERY PATIENT WE SERVE

4c (Code) (Expenses $ 125,471,174 including grants of $) (Revenue $ 112,247,699)

EMERGENCY ROOM SERVICES THE ORGANIZATION DIRECTLY OPERATES FIVE 24 HOUR EMERGENCY FACILITIES, ONE OF WHICH IS A LEVEL 1 TRAUMA CENTER LOCATED IN THE CITY OF DETROIT EMERGENCY SERVICES RECOGNIZED MORE THAN $112 MILLION IN REVENUE DURING 2011 REPRESENTING 208,000 PATIENT VISITS

(Code) (Expenses $ 134,531,833 including grants of $) (Revenue $ 342,271,505)

OTHER PROGRAM SERVICES INCLUDES HFHS RESEARCH SERVICES, ALONG WITH HFHS COMMUNITY CARE SERVICES, WHICH OFFERS A BROAD LEVEL OF SERVICES AT NUMEROUS GEOGRAPHIC LOCATIONS INCLUDING NURSING CARE, HOME CARE, SENIOR CARE, PHARMACIES, EYE CARE, HOSPICE CARE, OCCUPATIONAL HEALTH, DIALYSIS AND A DEDICATED CANCER CENTER, APARTMENT RENTALS FOR MEDICAL RESIDENTS & PATIENT FAMILY MEMBERS, FITNESS CENTER & ATHLETIC TRAINING SERVICES, AND SCHOOL BASED HEALTH PROGRAMS RESEARCH IS A VITAL COMPONENT OF THE MISSION OF HENRY FORD HEALTH SYSTEM-HENRY FORD HEALTH SYSTEM'S MISSION IS TO IMPROVE HUMAN LIFE THROUGH EXCELLENCE IN THE SCIENCE AND ART OF HEALTH CARE AND HEALING THIS MISSION IS STRONGLY SUPPORTED AND ENHANCED BY THE DEDICATED STAFF PURSUING SCIENTIFIC ACTIVITIES SINCE 1915, HENRY FORD HOSPITAL PHYSICIANS AND SCIENTISTS HAVE FOCUSED THEIR EFFORTS ON A WIDE VARIETY OF TOPICS CRITICAL TO UNDERSTANDING THE MECHANISMS OF DISEASE AND DEVELOPING NEW, VIABLE TREATMENT OPTIONS HENRY FORD HOSPITAL RESEARCH IS FOCUSED IN THE FOLLOWING AREAS -CARDIOVASCULAR AND RENAL RESEARCH (E G HIGH BLOOD PRESSURE AND HEART FAILURE) -NEUROSCIENCES RESEARCH (E G STROKE, TRAUMATIC BRAIN INJURY AND BRAIN TUMORS) -BONE AND JOINT RESEARCH (E G OSTEOPOROSIS, OSTEOARTHRITIS, JOINT MOTION) -CANCER RESEARCH (E G PROSTATE, BREAST, HEAD AND NECK CANCERS) -IMMUNOLOGY RESEARCH (E G AUTOIMMUNE DISEASES) -POPULATION, HEALTH AND HEALTHCARE RESEARCHMUCH OF HENRY FORD HOSPITAL RESEARCH IS TRANSLATIONAL IN NATURE - FROM BENCH TO BEDSIDE TO THIS END, OUR BASIC SCIENCE STUDIES RUN THE GAMUT FROM WHOLE ANIMAL PHYSIOLOGY TO CELL AND MOLECULAR BIOLOGY TO BIOENGINEERING WITH AN EMPHASIS ON STUDIES THAT CAN DIRECTLY IMPACT PATIENT CARE THE DEPARTMENTS WITH THE LARGEST BASIC SCIENCES PROGRAMS ARE MEDICINE, NEUROLOGY, BIOSTATISTICS AND RESEARCH EPIDEMIOLOGY, NEUROSURGERY, AND RADIATION ONCOLOGY OUR HEALTH CARE RESEARCH FOCUSES ON DISEASE SCREENING, PREVENTION AND MANAGEMENT, HEALTH OUTCOMES, DISPARITIES IN CARE, AND HEALTH ECONOMICS THIS GROUP OF RESEARCHERS COLLABORATES WITH MEMBERS OF THE HENRY FORD MEDICAL GROUP AS WELL AS RESEARCHERS IN OTHER STATES TO ENHANCE THE QUALITY OF HEALTH CARE NATIONALLY THESE STUDIES ARE HOUSED IN THE DEPARTMENTS OF BIOSTATISTICS AND RESEARCH EPIDEMIOLOGY, THE CENTER FOR HEALTH SERVICES RESEARCH, THE CENTER FOR HEALTH PROMOTION AND DISEASE PREVENTION AND THE INSTITUTE OF MULTICULTURAL HEALTH HENRY FORD HOSPITAL SCIENTISTS AND PHYSICIANS PARTICIPATE IN AND LEAD MANY CLINICAL TRIALS WHICH HELP US UNDERSTAND HOW TO BEST TREAT DISEASES THIS IS THE MECHANISM BY WHICH NEW AND POTENTIALLY LIFE-SAVING DRUGS ARE TESTED FOR SAFETY AND THERAPEUTIC EFFICACY BY WORKING TOGETHER, DOCTOR TO DOCTOR, NURSE TO DOCTOR, RESEARCHER TO PHYSICIAN, HENRY FORD CAN MAXIMIZE CLINICAL INNOVATIONS TO PROVIDE THE HIGHEST QUALITY OF CARE THE CLINICAL TRIALS OFFICE SERVES TO IDENTIFY AND IMPLEMENT STRATEGIES FOR GROWING CLINICAL RESEARCH CLINICAL TRIALS ARE COORDINATED AND RUN BY PHYSICIANS AND RESEARCH NURSES IN THE MAJORITY OF HENRY FORD HOSPITAL DEPARTMENTS INTERNAL MEDICINE DIVISIONS INVOLVED IN RUNNING SIGNIFICANT NUMBERS OF CLINICAL TRIALS ARE CARDIOLOGY, GASTROENTEROLOGY, HEMATOLOGY/ONCOLOGY, INFECTIOUS DISEASES, NEPHROLOGY AND PULMONARY MEDICINE OTHER DEPARTMENTS WITH SIGNIFICANT CLINICAL RESEARCH INCLUDE DERMATOLOGY AND NEUROLOGY ALTOGETHER, THERE ARE APPROXIMATELY 1,700 ACTIVE STUDIES IN OUR MEDICAL AND SURGICAL DEPARTMENTS OUR RESEARCH STUDIES ARE DIRECTED BY A GROUP OF SCIENTISTS (81 BIOSCIENTIFIC STAFF) AND THEIR SUPPORT PERSONNEL, AS WELL AS DOZENS OF PHYSICIAN-SCIENTISTS AND PHDS ENGAGED IN CLINICAL RESEARCH ACTIVITIES RESEARCH FUNDING THE RESEARCH WORK AT THE HENRY FORD HOSPITAL IS FUNDED THROUGH A NUMBER OF SOURCES IN 2011, HENRY FORD HOSPITAL SCIENTISTS RECEIVED $53 6 MILLION FROM OUTSIDE SOURCES, WITH $27 7 MILLION IN FEDERAL AWARDS OF THIS TOTAL, $24 1 MILLION WAS FROM GRANTS, CONTRACTS AND SUBCONTRACTS AWARDED BY THE NATIONAL INSTITUTES OF HEALTH AND $3 6 MILLION CAME FROM OTHER FEDERAL AGENCIES, INCLUDING THE CENTERS FOR DISEASE CONTROL AND PREVENTION, NASA, THE U S DEPARTMENT OF DEFENSE AND THE NATIONAL BONE MARROW PROGRAM THE HEALTH SYSTEM RECEIVED $3 9 MILLION IN FOUNDATION AWARDS, $444 THOUSAND IN STATE AND LOCAL AGENCY AWARDS AND $21 6 MILLION FOR STUDIES FUNDED BY THE PHARMACEUTICAL AND MEDICAL DEVICE INDUSTRIES IN ADDITION TO THE EXTERNAL FUNDING, MONEY ALSO COMES FROM THE HENRY FORD HEALTH SYSTEM FOUNDATION, AN ENDOWMENT THAT PROVIDED $11 MILLION IN 2011 FOR SALARIES AND DISCRETIONARY LABORATORY SUPPORT OF OUR INVESTIGATORS

4d Other program services (Describe in Schedule O)
(Expenses $ 134,531,833 including grants of $) (Revenue $ 342,271,505)

4e **Total program service expenses** ▶ $ 2,056,320,700

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, 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, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part 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*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *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 a grant selection committee member, or to a person related to such an individual? *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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
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**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
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**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *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 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	874		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	31		
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**	18,360			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**	Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15		
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3	Yes	
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		No
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14		No
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	Yes	
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	Yes	

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								19,449,055	0	964,977

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 ▶ 1,716

			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
SIEMENS ENTERPRISE COMMUNICATIONS INC PO BOX 99076 CHICAGO, IL 606939076	INFORMATION SERVICES	46,101,303
CSC COVANSYS CORPORATION 22475 NETWORK PLACE CHICAGO, IL 606731224	INFORMATION SERVICES	33,130,234
PATRIOT MEDICAL TECHNOLOGIES OF OHINC 7100 COMMERCE WAY-SUITE 280 BRENTWOOD, TN 37027	CLINICAL ENGINEERING	24,424,417
ACT 1 PERSONNEL SERVICES PO BOX 2886 TORRANCE, CA 90509	STAFFING SERVICES	12,116,003
INTEGRATED SUPPLY CHAIN SOLUTIONS LLC 1600 EAST GRAND BLVD DETROIT, MI 48211	SUPPLY CHAIN SERVICES	10,353,980
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 ▶ 140		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	1,382,683			
	d	Related organizations	1d	11,025,000			
	e	Government grants (contributions)	1e	18,097,802			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,407,111			
	g	Noncash contributions included in lines 1a-1f $ 3,492,169					
	h	**Total.** Add lines 1a-1f		35,912,596			
Program Service Revenue			Business Code				
	2a	INPATIENT HOSPITALS	900099	1,037,812,759	1,037,812,759		
	b	OUTPATIENT CLINICS	621400	686,876,011	686,876,011		
	c	EMERGENCY ROOM SERVICE	900099	112,247,699	112,247,699		
	d	MEDICAL EDUCATION-GME	900099	42,620,239	42,620,239		
	e	PATIENT-RELATED RENTAL	531110	1,656,049	1,656,049		
	f	All other program service revenue		317,105,051	316,353,329	751,722	
	g	**Total.** Add lines 2a–2f		2,198,317,808			
	3	Investment income (including dividends, interest and other similar amounts)		5,818,058			5,818,058
	4	Income from investment of tax-exempt bond proceeds		933,549			933,549
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross rents	1,003,430 / 301,268				
	b	Less rental expenses					
	c	Rental income or (loss)	1,003,430 / 301,268				
	d	Net rental income or (loss)		1,304,698			1,304,698
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	212,986 / 535,303				
	b	Less cost or other basis and sales expenses	357,824				
	c	Gain or (loss)	212,986 / 177,479				
	d	Net gain or (loss)		390,465	177,479		212,986
	8a	Gross income from fundraising events (not including $ 1,382,683 of contributions reported on line 1c) See Part IV, line 18	a 636,277				
	b	Less direct expenses	b 890,583				
	c	Net income or (loss) from fundraising events		-254,306			-254,306
	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 88,641,842				
	b	Less cost of goods sold	b 59,695,920				
	c	Net income or (loss) from sales of inventory		28,945,922	19,936,214	9,009,708	
Other Revenue		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA & GIFT SHOP	900099	6,029,494			6,029,494
	b	JOINT VENTURE INCOME	621400	2,227,486	2,227,486		
	c	PARKING FEES	812930	1,807,073			1,807,073
	d	All other revenue		1,920,938	1,920,938		
	e	**Total.** Add lines 11a–11d		11,984,991			
	12	**Total revenue.** See Instructions		2,283,353,781	2,221,828,203	9,761,430	15,851,552

Part IX Statement of Functional Expenses

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

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,204,761	2,204,761		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	855,848	855,848		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	13,499,790	5,498,486	7,437,654	563,650
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	140,387	129,878	10,509	
7	Other salaries and wages	1,029,319,276	965,206,189	61,864,419	2,248,668
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	45,403,090	42,263,622	3,041,587	97,881
9	Other employee benefits	105,827,059	98,509,506	7,089,410	228,143
10	Payroll taxes	63,964,674	59,542,273	4,284,522	137,879
11	Fees for services (non-employees)				
a	Management	631,002		631,002	
b	Legal	2,420,751		2,420,751	
c	Accounting	479,621		479,621	
d	Lobbying	105,250		105,250	
e	Professional fundraising *See Part IV, line 17* . .	184,571			184,571
f	Investment management fees				
g	Other	92,170,673	63,720,027	28,110,737	339,909
12	Advertising and promotion	9,461,939	6,419,317	2,969,252	73,370
13	Office expenses	50,652,194	36,653,425	13,579,602	419,167
14	Information technology	93,111,460	76,950,310	16,116,433	44,717
15	Royalties . .				
16	Occupancy	47,556,471	41,359,651	6,196,820	
17	Travel	7,872,944	7,152,588	662,301	58,055
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,870,598	4,695,368	170,007	5,223
20	Interest	27,201,908	19,481,311	7,720,597	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	103,752,132	92,926,367	10,393,879	431,886
23	Insurance	7,353,594	7,150,737	202,857	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MEDICAL SUPPLIES	353,276,698	353,276,698		
b	BAD DEBT EXPENSE	104,531,094	104,531,094		
c	REPAIRS & MAINTENANCE	38,593,482	36,918,136	1,675,346	
d	RESEARCH	4,805,830	4,798,728	7,102	
e					
f	All other expenses	26,279,620	26,076,380	7,014	196,226
25	**Total functional expenses.** Add lines 1 through 24f	2,236,526,717	2,056,320,700	175,176,672	5,029,345
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		148,778	1	151,997
	2	Savings and temporary cash investments		453,813,991	2	424,871,639
	3	Pledges and grants receivable, net		29,915,661	3	36,067,864
	4	Accounts receivable, net		181,973,387	4	211,015,662
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		203,029	7	50,337,339
	8	Inventories for sale or use		35,332,327	8	34,496,911
	9	Prepaid expenses and deferred charges		31,712,007	9	34,091,310
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,931,499,831			
	b	Less accumulated depreciation	10b 1,085,309,255	883,698,635	10c	846,190,576
	11	Investments—publicly traded securities		106,218,060	11	159,767,482
	12	Investments—other securities See Part IV, line 11			12	5,332,752
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		246,255	14	246,255
	15	Other assets See Part IV, line 11		72,441,882	15	71,561,310
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,795,704,012	16	1,874,131,097
Liabilities	17	Accounts payable and accrued expenses		236,570,235	17	232,532,737
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		643,996,257	20	636,339,243
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		1,986,956	23	56,578,092
	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		359,655,069	25	400,184,373
	26	**Total liabilities.** Add lines 17 through 25		1,242,208,517	26	1,325,634,445
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		356,122,862	27	351,156,966
	28	Temporarily restricted net assets		112,534,008	28	113,933,113
	29	Permanently restricted net assets		84,838,625	29	83,406,573
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		553,495,495	33	548,496,652
	34	Total liabilities and net assets/fund balances		1,795,704,012	34	1,874,131,097

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	2,283,353,781
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,236,526,717
3	Revenue less expenses Subtract line 2 from line 1	3	46,827,064
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	553,495,495
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-51,825,907
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	548,496,652

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
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	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HENRY FORD HEALTH SYSTEM

Employer identification number
38-1357020

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

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

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

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

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

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

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 38-1357020
Name: HENRY FORD HEALTH SYSTEM

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services

(Code) (Expenses $ 134,531,833 including grants of $) (Revenue $ 342,271,505)

OTHER PROGRAM SERVICES INCLUDES HFHS RESEARCH SERVICES, ALONG WITH HFHS COMMUNITY CARE SERVICES, WHICH OFFERS A BROAD LEVEL OF SERVICES AT NUMEROUS GEOGRAPHIC LOCATIONS INCLUDING NURSING CARE, HOME CARE, SENIOR CARE, PHARMACIES, EYE CARE, HOSPICE CARE, OCCUPATIONAL HEALTH, DIALYSIS AND A DEDICATED CANCER CENTER, APARTMENT RENTALS FOR MEDICAL RESIDENTS & PATIENT FAMILY MEMBERS, FITNESS CENTER & ATHLETIC TRAINING SERVICES, AND SCHOOL BASED HEALTH PROGRAMS RESEARCH IS A VITAL COMPONENT OF THE MISSION OF HENRY FORD HEALTH SYSTEM-HENRY FORD HEALTH SYSTEM'S MISSION IS TO IMPROVE HUMAN LIFE THROUGH EXCELLENCE IN THE SCIENCE AND ART OF HEALTH CARE AND HEALING THIS MISSION IS STRONGLY SUPPORTED AND ENHANCED BY THE DEDICATED STAFF PURSUING SCIENTIFIC ACTIVITIES SINCE 1915, HENRY FORD HOSPITAL PHYSICIANS AND SCIENTISTS HAVE FOCUSED THEIR EFFORTS ON A WIDE VARIETY OF TOPICS CRITICAL TO UNDERSTANDING THE MECHANISMS OF DISEASE AND DEVELOPING NEW, VIABLE TREATMENT OPTIONS HENRY FORD HOSPITAL RESEARCH IS FOCUSED IN THE FOLLOWING AREAS -CARDIOVASCULAR AND RENAL RESEARCH (E G HIGH BLOOD PRESSURE AND HEART FAILURE) - NEUROSCIENCES RESEARCH (E G STROKE, TRAUMATIC BRAIN INJURY AND BRAIN TUMORS) -BONE AND JOINT RESEARCH (E G OSTEOPOROSIS, OSTEOARTHRITIS, JOINT MOTION) -CANCER RESEARCH (E G PROSTATE, BREAST, HEAD AND NECK CANCERS) -IMMUNOLOGY RESEARCH (E G AUTOIMMUNE DISEASES) -POPULATION, HEALTH AND HEALTHCARE RESEARCHMUCH OF HENRY FORD HOSPITAL RESEARCH IS TRANSLATIONAL IN NATURE - FROM BENCH TO BEDSIDE TO THIS END, OUR BASIC SCIENCE STUDIES RUN THE GAMUT FROM WHOLE ANIMAL PHYSIOLOGY TO CELL AND MOLECULAR BIOLOGY TO BIOENGINEERING WITH AN EMPHASIS ON STUDIES THAT CAN DIRECTLY IMPACT PATIENT CARE THE DEPARTMENTS WITH THE LARGEST BASIC SCIENCES PROGRAMS ARE MEDICINE, NEUROLOGY, BIOSTATISTICS AND RESEARCH EPIDEMIOLOGY, NEUROSURGERY, AND RADIATION ONCOLOGY OUR HEALTH CARE RESEARCH FOCUSES ON DISEASE SCREENING, PREVENTION AND MANAGEMENT, HEALTH OUTCOMES, DISPARITIES IN CARE, AND HEALTH ECONOMICS THIS GROUP OF RESEARCHERS COLLABORATES WITH MEMBERS OF THE HENRY FORD MEDICAL GROUP AS WELL AS RESEARCHERS IN OTHER STATES TO ENHANCE THE QUALITY OF HEALTH CARE NATIONALLY THESE STUDIES ARE HOUSED IN THE DEPARTMENTS OF BIOSTATISTICS AND RESEARCH EPIDEMIOLOGY, THE CENTER FOR HEALTH SERVICES RESEARCH, THE CENTER FOR HEALTH PROMOTION AND DISEASE PREVENTION AND THE INSTITUTE OF MULTICULTURAL HEALTH HENRY FORD HOSPITAL SCIENTISTS AND PHYSICIANS PARTICIPATE IN AND LEAD MANY CLINICAL TRIALS WHICH HELP US UNDERSTAND HOW TO BEST TREAT DISEASES THIS IS THE MECHANISM BY WHICH NEW AND POTENTIALLY LIFE-SAVING DRUGS ARE TESTED FOR SAFETY AND THERAPEUTIC EFFICACY BY WORKING TOGETHER, DOCTOR TO DOCTOR, NURSE TO DOCTOR, RESEARCHER TO PHYSICIAN, HENRY FORD CAN MAXIMIZE CLINICAL INNOVATIONS TO PROVIDE THE HIGHEST QUALITY OF CARE THE CLINICAL TRIALS OFFICE SERVES TO IDENTIFY AND IMPLEMENT STRATEGIES FOR GROWING CLINICAL RESEARCH CLINICAL TRIALS ARE COORDINATED AND RUN BY PHYSICIANS AND RESEARCH NURSES IN THE MAJORITY OF HENRY FORD HOSPITAL DEPARTMENTS INTERNAL MEDICINE DIVISIONS INVOLVED IN RUNNING SIGNIFICANT NUMBERS OF CLINICAL TRIALS ARE CARDIOLOGY, GASTROENTEROLOGY, HEMATOLOGY/ONCOLOGY, INFECTIOUS DISEASES, NEPHROLOGY AND PULMONARY MEDICINE OTHER DEPARTMENTS WITH SIGNIFICANT CLINICAL RESEARCH INCLUDE DERMATOLOGY AND NEUROLOGY ALTOGETHER, THERE ARE APPROXIMATELY 1,700 ACTIVE STUDIES IN OUR MEDICAL AND SURGICAL DEPARTMENTS OUR RESEARCH STUDIES ARE DIRECTED BY A GROUP OF SCIENTISTS (81 BIOSCIENTIFIC STAFF) AND THEIR SUPPORT PERSONNEL, AS WELL AS DOZENS OF PHYSICIAN-SCIENTISTS AND PHDS ENGAGED IN CLINICAL RESEARCH ACTIVITIES RESEARCH FUNDING THE RESEARCH WORK AT THE HENRY FORD HOSPITAL IS FUNDED THROUGH A NUMBER OF SOURCES IN 2011, HENRY FORD HOSPITAL SCIENTISTS RECEIVED $53 6 MILLION FROM OUTSIDE SOURCES, WITH $27 7 MILLION IN FEDERAL AWARDS OF THIS TOTAL, $24 1 MILLION WAS FROM GRANTS, CONTRACTS AND SUBCONTRACTS AWARDED BY THE NATIONAL INSTITUTES OF HEALTH AND $3 6 MILLION CAME FROM OTHER FEDERAL AGENCIES, INCLUDING THE CENTERS FOR DISEASE CONTROL AND PREVENTION, NASA, THE U S DEPARTMENT OF DEFENSE AND THE NATIONAL BONE MARROW PROGRAM THE HEALTH SYSTEM RECEIVED $3 9 MILLION IN FOUNDATION AWARDS, $444 THOUSAND IN STATE AND LOCAL AGENCY AWARDS AND $21 6 MILLION FOR STUDIES FUNDED BY THE PHARMACEUTICAL AND MEDICAL DEVICE INDUSTRIES IN ADDITION TO THE EXTERNAL FUNDING, MONEY ALSO COMES FROM THE HENRY FORD HEALTH SYSTEM FOUNDATION, AN ENDOWMENT THAT PROVIDED $11 MILLION IN 2011 FOR SALARIES AND DISCRETIONARY LABORATORY SUPPORT OF OUR INVESTIGATORS

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
N CHARLES ANDERSON TRUSTEE	1 00	X						0	0	0
LYNN FORD ALANDT TRUSTEE	1 00	X						0	0	0
EDWARD D CALLAGHAN PHD TRUSTEE - VICE CHAIR	2 00	X		X				0	0	0
EDWARD J BAGALE TRUSTEE	1 00	X						0	0	0
DAVID M HEMPSTEAD TRUSTEE	1 00	X						0	0	0
MARK A KELLEY MD PHYSICIAN TRUSTEE/EXEC V	60 00	X						1,542,852	0	41,163
LEROY C RICHIE TRUSTEE	1 00	X						0	0	0
DAVID BAKER LEWIS TRUSTEE	1 00	X						0	0	0
JACK MARTIN TRUSTEE - VICE CHAIR	2 00	X		X				0	0	0
MARIAM C NOLAND TRUSTEE - VICE CHAIR	2 00	X		X				0	0	0
KATHLEEN L YAREMCHUK MD PHYSICIAN TRUSTEE	60 00	X						674,903	0	46,354
NANCY M SCHLICHTING PRESIDENT AND C E O	60 00	X		X				3,086,539	0	41,033
STEPHANIE W BERGERON TRUSTEE - VICE CHAIR ELECT	2 00	X		X				0	0	0
GARY C VALADE TRUSTEE - CHAIR	2 00	X		X				0	0	0
CHARLES H PODOWSKI TRUSTEE	1 00	X						0	0	0
ANTHONY F EARLEY JR TRUSTEE - FORMER CHAIR	2 00	X		X				0	0	0
JOHN C PLANT TRUSTEE	1 00	X						0	0	0
SANDRA E PIERCE TRUSTEE - CHAIR ELECT	2 00	X		X				0	0	0
JAMES GROSFELD TRUSTEE	1 00	X						0	0	0
JOSEPH R JORDAN TRUSTEE	1 00	X						0	0	0
ALAN M KIRILUK TRUSTEE	1 00	X						0	0	0
MARWAN ABOULJOUD MD PHYSICIAN TRUSTEE	60 00	X						968,187	0	40,078
STEVEN D HARRINGTON MD TRUSTEE	1 00	X						0	0	0
BRIAN R GAMBLE ASSISTANT TREASURER	60 00			X				218,755	0	36,638
EDITH L EISENMANN SECRETARY	60 00			X				211,931	0	29,942

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES M CONNELLY TREASURER/C F O	60 00			X				1,273,512	0	39,986
WILLIAM ALVIN C E O - HAP	5 00				X			844,628	0	136,321
JOHN POLANSKI CEO-COMMUNITY CARE SERVICE	60 00				X			741,468	0	39,865
ROBERT G RINEY SENIOR VP AND C O O	60 00				X			1,569,281	0	41,971
JOHN POPOVICH MD CEO-HF HOSPITAL/PHYSICIAN	60 00				X			1,034,947	0	131,585
GERARD VAN GRINSVEN CEO-WEST BLOOMFIELD HOSPIT	60 00				X			668,287	0	39,564
UDAY DESAI MD PHYSICIAN	60 00					X		958,414	0	45,151
MANI MENON MD PHYSICIAN	60 00					X		1,877,816	0	40,544
MARK L ROSENBLUM MD PHYSICIAN	60 00					X		1,456,957	0	132,069
GHAUS MALIK MD PHYSICIAN	60 00					X		1,069,136	0	41,592
THEODORE W PARSONS MD PHYSICIAN	60 00					X		1,010,994	0	41,121
VINOD SAHNEY FORMER SENIOR V P	0 00						X	240,448	0	0

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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. ▶ See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

Name of the organization	Employer identification number
HENRY FORD HEALTH SYSTEM	38-1357020

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 on behalf of or in opposition to candidates for public office in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

A Check ☑ if the filing organization belongs to an affiliated group (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)	10,013	10,013
b Total lobbying expenditures to influence a legislative body (direct lobbying)	95,237	95,237
c Total lobbying expenditures (add lines 1a and 1b)	105,250	105,250
d Other exempt purpose expenditures	2,236,421,467	3,106,123,892
e Total exempt purpose expenditures (add lines 1c and 1d)	2,236,526,717	3,106,229,142
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h Subtract line 1g from line 1a If zero or less, enter -0-	0	0
i Subtract line 1f from line 1c If zero or less, enter -0-	0	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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	285,665	199,725	125,491	105,250	716,131
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	21,325	16,025	11,550	10,013	58,913

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

		(a) 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?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
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

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

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HENRY FORD HEALTH SYSTEM

Employer identification number
38-1357020

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

		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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	197,372,633	179,222,662	166,916,793	185,559,726	
b Contributions	35,658,290	39,377,929	36,940,603	36,845,139	
c Investment earnings or losses	-777,973	11,274,382	17,532,736	-20,444,162	
d Grants or scholarships				-10,800	
e Other expenditures for facilities and programs	34,913,262	32,502,340	42,167,470	-22,370,066	
f Administrative expenses				-12,663,044	
g End of year balance	197,339,688	197,372,633	179,222,662	166,916,793	

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 42 270 %
- c Term endowment ▶ 57 730 %

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		20,149,099		20,149,099
b Buildings		980,047,643	415,947,184	564,100,459
c Leasehold improvements		871,112	272,266	598,846
d Equipment		920,605,596	669,089,805	251,515,791
e Other		9,826,381		9,826,381
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				846,190,576

Part VII Investments—Other Securities. 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		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
POST RETIREMENT EMPLOYEE BENEFITS	208,372,596
RESERVE FOR MALPRACTICE	104,466,293
DEFERRED COMPENSATION	65,751,028
OTHER LIABILITIES	21,594,456
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	400,184,373

2. Fin 48 (ASC 740) Footnote In Part XIV, 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 (ASC740)

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

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

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

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	EARNINGS FROM THE ORGANIZATION'S ENDOWMENT FUNDS ARE UTILIZED BASED ON THE NATURE OF THE SPECIFIC ASSOCIATED RESTRICTION THESE PRIMARILY RELATE TO FUNDING INITIATIVES ASSOCIATED WITH SPECIFIC DISEASE CONDITIONS AND FURTHERING MEDICAL EDUCATION AND RESEARCH INITIATIVES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE SYSTEM DOES NOT HAVE ANY MATERIAL UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2011 AND 2010

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HENRY FORD HEALTH SYSTEM

Employer identification number
38-1357020

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☑ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
CENTRAL AMERICA AND CARRIBEAN	0	0	INVESTMENTS		110,183,444
MIDDLE EAST AND NORTH AFRICA	0	0	PROVIDE CONSULTING SERVICES FOR DESIGN AND CONSTRUCTION OF HEALTH CLINIC IN SAUDI ARABIA		345,196
3a Sub-total	0	0			110,528,640
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			110,528,640

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities . . . . . ▶

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☑ Yes	☐ No

Part V Supplemental Information

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

Identifier	ReturnReference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HENRY FORD HEALTH SYSTEM

Employer identification number
38-1357020

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
RUFFALOCODY 65 KIRKWOOD NORTH ROAD SW CEDAR RAPIDS, IA 52404	DONOR SOLICITATION & TELEMARKETING		No	44,598	174,411	-129,813
Total . . . . . ▶				44,598	174,411	-129,813

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

MI, FL

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

		(a) Event #1 SHOOT FOR A CURE (event type)	(b) Event #2 GRAND BALL (event type)	(c) Other Events 10 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	230,001	367,034	1,421,925	2,018,960
	2 Less Charitable contributions	187,606	281,681	913,396	1,382,683
	3 Gross income (line 1 minus line 2)	42,395	85,353	508,529	636,277
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes			234,341	234,341
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	72,397	193,684	390,161	656,242
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(890,583)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-254,306

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

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

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

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

b If "No," Explain

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

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☑ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☑ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	100 000 %

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

Name ▶ CHRISTINE ANDREWS

Address ▶ HFHS PHILANTHROPHY-ONE FORD PLACE
DETROIT, MI 48202

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☑ No

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

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☑ No

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

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

Identifier	ReturnReference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HENRY FORD HEALTH SYSTEM

Employer identification number
38-1357020

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG to determine eligibility for providing *discounted* care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %	3b	Yes	
c	If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Did the organization's policy provide 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 charity care 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 reportduring the tax year?	6a	Yes	
6b	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 Charity Care and Certain Other Community Benefits at Cost

Charity Care 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 Charity care at cost (from Worksheet 1)			43,733,297	104,247	43,629,050	2 050 %
b Medicaid (from Worksheet 3, column a)			291,085,577	190,387,155	100,698,422	4 720 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			334,818,874	190,491,402	144,327,472	6 770 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			13,371,464	1,343,037	12,028,427	0 560 %
f Health professions education (from Worksheet 5)			100,697,014	43,850,322	56,846,692	2 670 %
g Subsidized health services (from Worksheet 6)			28,480,044	23,153,943	5,326,101	0 250 %
h Research (from Worksheet 7)			82,952,745		82,952,745	3 890 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,172,504		1,172,504	0 050 %
j **Total** Other Benefits			226,673,771	68,347,302	158,326,469	7 420 %
k **Total.** Add lines 7d and 7j			561,492,645	258,838,704	302,653,941	14 190 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(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			1,103,014		1,103,014	0 050 %
2	Economic development						
3	Community support			368,228		368,228	0 020 %
4	Environmental improvements			2,613		2,613	0 %
5	Leadership development and training for community members						
6	Coalition building			94,620		94,620	0 %
7	Community health improvement advocacy			23,582		23,582	0 %
8	Workforce development			1,057		1,057	0 %
9	Other						
10	**Total**			1,593,114		1,593,114	0 070 %

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			No
2	Enter the amount of the organization's bad debt expense	2	104,531,094		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	52,265,547		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	298,374,457
6	Enter Medicare allowable costs of care relating to payments on line 5	6	284,302,356
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	14,072,101
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 (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)

How many hospital facilities did the organization operate during the tax year? 5

	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	HENRY FORD HOSPITAL 2799 W GRAND BLVD DETROIT, MI 48202	X	X		X		X	X		
2	HENRY FORD WEST BLOOMFIELD HOSPITAL 6777 W MAPLE RD WEST BLOOMFIELD, MI 48322	X	X		X			X		
3	HENRY FORD COTTAGE HOSPITAL 159 KERCHEVAL GROSSE POINTE FARMS, MI 48236	X	X							
4	HENRY FORD KINGSWOOD HOSPITAL 10300 W EIGHT MILE RD FERNDALE, MI 48220	X			X					PSYCHIATRIC HOSPITAL
5	HENRY FORD MAPLEGROVE HOSPITAL 6773 W MAPLE RD WEST BLOOMFIELD, MI 48322	X								CHEMICAL DEPENDENCY FACILITY

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

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

HENRY FORD HOSPITAL

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		No
If "Yes," indicate what the Needs Assessment 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 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 those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☐ Other (describe in Part VI)			

Billing and Collections

14	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 actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?	**18**	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 Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

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

HENRY FORD WEST BLOOMFIELD HOSPITAL

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		No
If "Yes," indicate what the Needs Assessment 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 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 those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☐ Other (describe in Part VI)			

Billing and Collections

14	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 actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?	**18**	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 Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

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

HENRY FORD COTTAGE HOSPITAL

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 3

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		No
If "Yes," indicate what the Needs Assessment 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 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 those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☐ Other (describe in Part VI)			

Billing and Collections

14	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 actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?	**18**	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 Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

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

HENRY FORD KINGSWOOD HOSPITAL

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 4

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		No
If "Yes," indicate what the Needs Assessment 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 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 those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☐ Other (describe in Part VI)			

Billing and Collections

14	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 actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?	**18**	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 Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

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

HENRY FORD MAPLEGROVE HOSPITAL

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 5

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		No
If "Yes," indicate what the Needs Assessment 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 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 those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☐ Other (describe in Part VI)			

Billing and Collections

14	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 actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?	**18**	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 Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other 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 facilities did the organization operate during the tax year? **72**

	Name and address	Type of Facility (Describe)
1	See Additional Data Table	
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

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

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

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

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

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

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

Identifier	ReturnReference	Explanation
		PART I, LINE 7G SUBSIDIZED SERVICES CONSIST OF INPATIENT WOMENS' SERVICES AND BEHAVIORAL HEALTH SERVICES THIS INCLUDES BOTH PHYSICIAN AND FACILITY COSTS

Identifier	ReturnReference	Explanation
		PART I, LINE 7, COLUMN (F) THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $ 104531094

Identifier	ReturnReference	Explanation
		SCHEDULE H, PART I, QUESTION 6A THE ORGANIZATION PREPARES AN ANNUAL REPORT WHICH CAN BE OBTAINED AT THE FOLLOWING WEB ADDRESS HTTP //WWW HENRYFORD COM/DOCUMENTS/COMMUNITYHEALTH/COMUNITYREPORT PDF

Identifier	ReturnReference	Explanation
		PART II HFHS BELIEVES THAT THE STRENGTH AND VITALITY OF A COMMUNITY HAS A SIGNIFICANT IMPACT ON THE BEHAVIORS OF ITS RESIDENTS AND THAT THERE IS A DIRECT CORRELATION BETWEEN THE VIABILITY OF A COMMUNITY AND THE ATTITUDE OF ITS RESIDENTS TOWARD HEALTHIER BEHAVIORS THEREFORE, HFHS INCLUDES IN ITS COMMITMENT TO COMMUNITY BENEFIT A FOCUS ON DIRECT INVOLVEMENT IN THE COMMUNITY TO BOTH IMPROVE THE ENVIRONMENT AND ENSURE THAT CRITICAL MESSAGES ON THE BENEFITS OF HEALTHIER BEHAVIORS ARE HEARD HFHS LEADERS COLLABORATE WITH COMMUNITY TASK FORCES AND COALITIONS TO ADDRESS THE NEEDS OF OUR SERVICE AREA

Identifier	ReturnReference	Explanation
		PART III, LINE 4 THE ORGANIZATION'S FOOTNOTE ON UNCOMPENSATED CARE AND COMMUNITY BENEFIT READS IN PART, "THE SYSTEM PROVIDED HEALTH CARE SERVICES WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES TO PATIENTS WHO MEET THE CRITERIA OF ITS CHARITY CARE POLICY IN ADDITION TO CHARITY CARE, THE SYSTEM PROVIDED SERVICES TO MEDICAID AND OTHER PUBLIC PROGRAMS FOR FINANCIALLY NEEDY PATIENTS, FOR WHICH THE PAYMENTS RECEIVED, WERE LESS THAN THE COST OF PROVIDING SERVICES THE UNPAID COSTS ATTRIBUTED TO PROVIDING SERVICES UNDER THIS PROGRAM ARE CONSIDERED A COMMUNITY BENEFIT " THE ORGANIZATION DETERMINES THE COSTS OF SUCH UNPAID SERVICES BY APPLYING A COST-TO-CHARGE RATIO TO THE BILLED CHARGES IT IS THE GOAL OF THE ORGANIZATION TO DETERMINE IF THE PATIENT QUALIFIES UNDER ITS CHARITY CARE POLICY PRIOR TO BILLING FOR SERVICES HOWEVER, MANY FACTORS CONTRIBUTE TO THE INABILITY TO ACCOMPLISH THIS IN MANY SITUATIONS IF THE ORGANIZATION IS UNABLE TO OBTAIN INFORMATION FROM THE PATIENT REGARDING THEIR AVAILABLE MEANS TO PAY OR FINANCIAL STATUS, THE PATIENT WILL BE BILLED FOR THE SERVICES PROVIDED IF THE PATIENT IS ULTIMATELY DETERMINED TO QUALIFY UNDER THE CHARITY CARE POLICY ANY BILLINGS WILL BE APPROPRIATELY ADJUSTED

Identifier	ReturnReference	Explanation
		PART III, LINE 9B IF THE PATIENT IS DETERMINED TO QUALIFY UNDER THE ORGANIZATION'S CHARITY CARE POLICY PRIOR TO BILLING, NO BILL IS EVER GENERATED AND THEREFORE THE ELEMENTS OF THE COLLECTION POLICY ARE NEVER INVOKED WHEN THE DETERMINATION IS NOT MADE PRIOR TO BILLING, THE ORGANIZATION'S COLLECTION POLICY WOULD APPLY THIS POLICY READS IN PART - "PATIENTS WILL BE EVALUATED FOR THE SYSTEM'S PATIENT FINANCIAL ASSISTANCE PROGRAM"- "UNINSURED PATIENTS WILL BE GIVEN A DISCOUNT"- "UNDERINSURED PATIENTS MAY QUALIFY FOR DISCOUNTED SERVICES BASED UPON THEIR AGGREGATE HOUSEHOLD INCOME"- "THE ORGANIZATION WILL REVIEW THE PATIENTS'S RECORD TO DETERMINE IF REASONABLE EFFORTS WERE UNDERTAKEN TO ENSURE THAT FINANCIAL ASSISTANCE WAS OFFERED AND/OR IF FINANCIAL ASSISTANCE IS REQUESTED"- "LEGAL ACTION MAY BE TAKEN WHEN THERE IS EVIDENCE THAT THE PATIENT OR RESPONSIBLE PARTY HAS INCOME AND/OR ASSETS TO MEET HIS OR HER OBLIGATION"- "THE ORGANIZATION WILL NOT FORCE THE SALE OR FORECLOSURE OF ANY PATIENT OR GUARANTOR'S PRIMARY RESIDENCE TO PAY AN OUTSTANDING MEDICAL BILL"- "THE ORGANIZATION WILL NOT REQUIRE THE PATIENT OR RESPONSIBLE PARTY TO APPEAR IN COURT"- "THE ORGANIZATION WILL DIRECT THEIR COLLECTION AGENCIES TO FOLLOW THESE GUIDELINES"PATIENTS NOT DEEMED TO QUALIFY UNDER OUR PATIENT FINANCIAL ASSISTANCE PROGRAM (PFAP) RECEIVE 2 CYCLES OF INTERNAL BILLING STATEMENTS INCLUDING INSTRUCTIONS ON APPLYING FOR OUR PFAP BASED ON THE VOLUME OF OUTSTANDING SERVICES, DETERMINATION ON FURTHER COLLECTIONS EFFORTS WILL BE MADE WHICH INCLUDE INTERNAL COLLECTION EFFORTS OR ASSIGNMENT TO AN EXTERNAL COLLECTION AGENCY

Identifier	ReturnReference	Explanation
HENRY FORD HOSPITAL		PART V, SECTION B, LINE 19D FOR PATIENTS THAT QUALIFY UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE PROGRAM WHOSE HOUSEHOLD INCOME IS AT 200%, OR LESS THAN THE FEDERAL POVERTY LEVEL, QUALIFYING SERVICES ARE PROVIDED AT NO COST IN SITUATIONS WHERE THE QUALIFYING PATIENTS HOUSEHOLD INCOME IS GREATER THAN 200%, BUT LESS THAN 400% OF THE FEDERAL POVERTY LEVEL, SERVICES ARE PROVIDED BASED UPON A STEPPED DISCOUNT RATE MEDICARE RATES ARE USED IN DETERMINING THIS DISCOUNT

Identifier	ReturnReference	Explanation
HENRY FORD WEST BLOOMFIELD HOSPITAL		PART V, SECTION B, LINE 19D FOR PATIENTS THAT QUALIFY UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE PROGRAM WHOSE HOUSEHOLD INCOME IS AT 200%, OR LESS THAN THE FEDERAL POVERTY LEVEL, QUALIFYING SERVICES ARE PROVIDED AT NO COST IN SITUATIONS WHERE THE QUALIFYING PATIENTS HOUSEHOLD INCOME IS GREATER THAN 200%, BUT LESS THAN 400% OF THE FEDERAL POVERTY LEVEL, SERVICES ARE PROVIDED BASED UPON A STEPPED DISCOUNT RATE MEDICARE RATES ARE USED IN DETERMINING THIS DISCOUNT

Identifier	ReturnReference	Explanation
HENRY FORD COTTAGE HOSPITAL		PART V, SECTION B, LINE 19D FOR PATIENTS THAT QUALIFY UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE PROGRAM WHOSE HOUSEHOLD INCOME IS AT 200%, OR LESS THAN THE FEDERAL POVERTY LEVEL, QUALIFYING SERVICES ARE PROVIDED AT NO COST IN SITUATIONS WHERE THE QUALIFYING PATIENTS HOUSEHOLD INCOME IS GREATER THAN 200%, BUT LESS THAN 400% OF THE FEDERAL POVERTY LEVEL, SERVICES ARE PROVIDED BASED UPON A STEPPED DISCOUNT RATE MEDICARE RATES ARE USED IN DETERMINING THIS DISCOUNT

Identifier	ReturnReference	Explanation
HENRY FORD KINGSWOOD HOSPITAL		PART V, SECTION B, LINE 19D FOR PATIENTS THAT QUALIFY UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE PROGRAM WHOSE HOUSEHOLD INCOME IS AT 200%, OR LESS THAN THE FEDERAL POVERTY LEVEL, QUALIFYING SERVICES ARE PROVIDED AT NO COST IN SITUATIONS WHERE THE QUALIFYING PATIENTS HOUSEHOLD INCOME IS GREATER THAN 200%, BUT LESS THAN 400% OF THE FEDERAL POVERTY LEVEL, SERVICES ARE PROVIDED BASED UPON A STEPPED DISCOUNT RATE MEDICARE RATES ARE USED IN DETERMINING THIS DISCOUNT

Identifier	ReturnReference	Explanation
HENRY FORD MAPLEGROVE HOSPITAL		PART V, SECTION B, LINE 19D FOR PATIENTS THAT QUALIFY UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE PROGRAM WHOSE HOUSEHOLD INCOME IS AT 200%, OR LESS THAN THE FEDERAL POVERTY LEVEL, QUALIFYING SERVICES ARE PROVIDED AT NO COST IN SITUATIONS WHERE THE QUALIFYING PATIENTS HOUSEHOLD INCOME IS GREATER THAN 200%, BUT LESS THAN 400% OF THE FEDERAL POVERTY LEVEL, SERVICES ARE PROVIDED BASED UPON A STEPPED DISCOUNT RATE MEDICARE RATES ARE USED IN DETERMINING THIS DISCOUNT

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 HENRY FORD HEALTH SYSTEM (HFHS) CONSIDERS THE ONGOING ASSESSMENT OF COMMUNITY HEALTH NEEDS AS AN ESSENTIAL FUNCTION IT PROVIDES KEY INFORMATION REGARDING THE DEMOGRAPHICS AND MAJOR NEEDS OF THE COMMUNITIES SERVED, IT SUPPORTS THE PRIORITIZATION OF THE SERVICES MADE AVAILABLE, AND IT HELPS TARGET POPULATIONS WITH THE MOST VULNERABILITY TO HEALTH NEEDS SUCH AS THE POOR, UNINSURED, AS WELL AS VARIOUS OTHER POPULATIONS THAT MAY HAVE BEEN OVERLOOKED THE COMMUNITY HEALTH NEEDS ASSESSMENT ALSO PROVIDES VALUABLE INFORMATION REGARDING OTHER ORGANIZATIONS SUPPORTING THE NEEDS WITHIN THE COMMUNITY SO PROGRAMS CAN BE COORDINATED AND LEVERAGED TO ENSURE THAT EVERY DOLLAR IS INVESTED WISELY DATA SOURCES EVALUATED TO DETERMINE COMMUNITY NEED INCLUDED MICHIGAN SURGEON GENERAL'S HEALTH STATUS REPORT - HEALTHY MICHIGAN 2010HEALTH INDICATORS AND RISK ESTIMATES BY COMMUNITY HEALTH ASSESSMENT REGIONS & LOCAL HEALTH DEPARTMENTS - MICHIGAN BEHAVIORAL RISK FACTOR SURVEY 2002-2006 COMBINEDMICHIGAN DEPARTMENT OF COMMUNITY HEALTH WEBSITE (WWW MDCH MI US)STATE OF MICHIGAN WEBSITE (WWW MICHIGAN GOV) OAKLAND COUNTY WEBSITE (WWW OAKGOV COM)WAYNE COUNTY WEBSITE (WWW WAYNECOUNTY COM)INCOME DOWN ACROSS STATE POVERTY IS INCREASING AND SPREADING THROUGHOUT THE TRI-COUNTY AREA UNITED WAY RESEARCH UNITED WAY OF SOUTHEASTERN MICHIGAN (WWW UWSEM ORG) OAKLAND COUNTY IS WELL EQUIPPED TO WEATHER THE ECONOMIC STORM UNIVERSITY OF MICHIGAN NEWS SERVICE (APRIL 26, 2007)BENCHMARK REPORT THE STATE OF HOMELESSNESS IN MICHIGAN 2007 ANNUAL REPORTMICHIGAN'S CAMPAIGN TO END HOMELESSNESS (WWW THECAMPAIGNTOENDHOMELESSNESS ORG) MICHIGAN CRITICAL HEALTH INDICATORS 2007 REPORT, MICHIGAN DEPARTMENT OF COMMUNITY HEALTHHEALTH DISPARITIES IMPACTING RACIAL AND ETHNIC MINORITIES IN MICHIGAN PRESENTATION, MICHIGAN DEPARTMENT OF COMMUNITY HEALTHTHOMSON MARKET EXPERT DATABASE - PROPRIETARY DATABASE OFFERING MARKET DEMOGRAPHIC AND HEALTHCARE UTILIZATION DATAMICHIGAN INPATIENT DATABASE (MIDB) - PROPRIETARY DATABASE OFFERING INPATIENT AND OUTPATIENT DATA FOR HOSPITAL AND HEALTH SYSTEMS WITHIN THE STATE OF MICHIGAN

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 HFHS HAS VARIOUS APPROACHES TO TARGET AND INFORM RESIDENTS OF ITS COMMUNITIES ABOUT THE PROGRAMS AND SERVICES IT OFFERS PROGRAMS WHERE WE PARTNER WITH ORGANIZATIONS WITH ESTABLISHED RELATIONSHIPS WITH THE INDIVIDUALS SUCH AS THROUGH COMMUNITY HEALTH CENTERS, THE PUBLIC SCHOOLS AND FAITH-BASED ORGANIZATIONS HAVE BEEN PARTICULARLY SUCCESSFUL HFHS HAS A SINGULAR CHARITY CARE POLICY INDIVIDUALS WITHOUT ADEQUATE HEALTH INSURANCE COVERAGE MOST FREQUENTLY APPEAR IN ONE OF OUR EMERGENCY ROOMS FOR SERVICES ALL PATIENTS ARE SEEN WITHOUT REGARD TO ABILITY TO PAY INTAKE STAFF MEMBERS ARE TRAINED WITH REGARD TO HOW TO APPROACH AND ENGAGE AN INDIVIDUAL WHEN THERE IS AN APPARENT LACK OF ADEQUATE HEALTH COVERAGE THIS INCLUDES INFORMING THEM OF THE PROGRAMS OFFERED BY HFHS AS WELL AS OTHER COMMUNITY, LOCAL, STATE AND FEDERAL PROGRAMS OFFERING POTENTIAL SUPPORT HFHS HAS DEDICATED STAFF RESPONSIBLE TO IDENTIFY PATIENTS WHO MAY QUALIFY FOR SUPPORTIVE PROGRAMS AND ASSIST THEM WITH THE ENROLLMENT PROCESS THERE ARE MANY REASONS WHY A PATIENT IN NEED OF FINANCIAL ASSISTANCE WITH THEIR MEDICAL CARE MAY NOT HAVE BEEN IDENTIFIED AT THE TIME OF THE CARE DELIVERY PATIENT FINANCIAL SERVICE AND COLLECTION STAFFS ARE TRAINED TO RECOGNIZE THESE INDIVIDUALS AND PROVIDE THEM WITH ADVICE REGARDING THE VARIOUS OPTIONS AVAILABLE TO SUPPORT THEIR CARE NEEDS

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 ALTHOUGH HFHS AND ITS AFFILIATES PROVIDE SERVICES TO INDIVIDUALS RESIDING THROUGHOUT THE STATE OF MICHIGAN AND IN SOME CASES FROM AROUND THE WORLD, IT DEFINES ITS COMMUNITIES SERVED BASED ON THE AREAS GENERATING THE HIGHEST INPATIENT VOLUMES MORE THAN 90% OF THIS VOLUME FOR HFHS ORIGINATES IN THE THREE COUNTIES THAT IMMEDIATELY SURROUND HENRY FORD HOSPITAL WAYNE, OAKLAND AND MACOMB THE COMBINED POPULATION OF THIS AREA IS NEARLY 4 MILLION AND REPRESENTS 40% OF THE OVERALL POPULATION OF THE STATE KEY DEMOGRAPHICS INCLUDE 51 3 % MALE, 65 2 % WHITE, 25 1 % BLACK (TWICE THE NATIONAL AVERAGE) AND 3 7% HISPANIC (25% OF THE NATIONAL AVERAGE) THE AREA IS EXTREMELY DIVERSE IN REGARD TO POPULATION, RACIAL/ETHNIC COMPOSITION, AND ECONOMIC POSITION IT IS ANTICIPATED THE NUMBER OF AGGREGATE RESIDENTS WILL DECREASE SLIGHTLY OVER THE NEXT SEVERAL YEARS FEMALES OF CHILD BEARING YEARS CURRENTLY REPRESENT NEARLY 20% OF THE POPULATION, BUT THIS IS ANTICIPATED TO DECLINE BY NEARLY 5 % OVER THE NEXT SEVERAL YEARS UNEMPLOYMENT IS HIGHER THAN THE NATIONAL AVERAGE WITHIN THIS AREA, WITH PARTICULAR HIGH LEVELS IN WAYNE COUNTY AND THE CITY OF DETROIT MEDIAN HOUSEHOLD INCOMES HAVE DECLINED IN RECENT YEARS, MOST DRAMATICALLY IN SEVERAL KEY ZIP CODES AND WITHIN THE CITY OF DETROIT THIS IMPACTS OVERALL PURCHASING POWER OF EACH HOUSEHOLD AND RESULTS IN LOSS OF EMPLOYER PROVIDED HEALTH CARE COVERAGE AND INCREASES THE BURDEN ON ESTABLISHED HEALTH CARE SAFETY NETS STUDIES OF THE INDICATED POPULATIONS REVEAL THAT MANY OF THE SIGNIFICANT HEALTH ISSUES FACED ARE ALSO OBSERVED AT THE STATE AND NATIONAL LEVEL THESE INCLUDE PREVALENCE OF CARDIOVASCULAR DISEASE, CANCER AND DIABETES, AS WELL AS HIGH RISK FACTORS THAT CONTRIBUTE TO DEVELOPING CHRONIC CONDITIONS SUCH AS OBESITY, LOW PHYSICAL ACTIVITY AND POOR NUTRITION VARIOUS POCKETS OF THE COMMUNITIES ALSO HAVE SIGNIFICANT NEGATIVE SOCIETAL FACTORS SUCH AS LACK OF ADEQUATE HEALTH INSURANCE, LOW EDUCATION LEVELS, AND LOW INCOME THE ORGANIZATION CONSIDERS THE FOLLOWING FACTORS TO BE THE LEADING INDICATORS OF AT-RISK POPULATIONS - LOWER INCOME AND/OR EDUCATION - THERE IS A STRONG CORRELATION THAT SUGGESTS AS INCOME AND EDUCATION LEVELS DROP, THE PREVALENCE OF CHRONIC CONDITIONS AND BEHAVIORS THAT CAN LEAD TO CHRONIC CONDITIONS INCREASES THIS HAS LEAD HFHS TO PRIORITIZE ITS EFFORTS IN AREAS OF LOWER INCOME AND/OR LOWER EDUCATIONAL LEVEL AND TO ESTABLISH PROGRAMS DESIGNED TO PROMOTE ONGOING EDUCATION - UNINSURED OR UNDERINSURED - THE SAME CORRELATION INDICATED ABOVE CAN BE SEEN IN POCKETS OF THE POPULATION WITH INADEQUATE HEALTH INSURANCE COVERAGE THIS IS ANOTHER FOCUS GROUP FOR HFHS - RACIAL AND ETHNIC MINORITIES ARE ANOTHER AT RISK GROUP FOR DEVELOPING CERTAIN CHRONIC DISEASES AND ILLNESSES LEADING INDICATORS OF HEALTH DISPARITIES BETWEEN THESE GROUPS INCLUDE INFANT MORTALITY, ADULT IMMUNIZATIONS AND DEATHS FROM HIV RELATED INFECTIONS THESE ARE ALL AREAS OF FOCUS FOR THE HEALTH SYSTEM

Identifier	ReturnReference	Explanation
		PART VI, LINE 5 HFHS IS ONE OF THE NATION'S LARGEST INTEGRATED HEALTH DELIVERY SYSTEMS SERVING ALL OF SOUTHEASTERN MICHIGAN HFHS IS GOVERNED BY DEDICATED COMMUNITY BOARDS, AND IN TOTAL PROVIDES APPROXIMATELY 55,000 INPATIENTS STAYS AND 2 1 MILLION PHYSICIAN VISITS ANNUALLY THIS TAX RETURN REFLECTS THE ACTIVITIES OF HENRY FORD HOSPITAL AN 802 BED TERTIARY CARE HOSPITAL WITH A LEVEL 1 TRAUMA CENTER LOCATED IN THE CITY OF DETROIT, SERVING AS A COMMUNITY HOSPITAL FOR ITS IMMEDIATE NEIGHBORHOODS AS WELL AS A REFERRAL CENTER FOR THE SURROUNDING REGION IT IS SUPPORTED BY THE HENRY FORD MEDICAL GROUP (HFMG) WHO ALSO PROVIDES CARE IN THE MORE THAN 30 OUTPATIENT MEDICAL CENTERS LOCATED THROUGHOUT SOUTHEAST MICHIGAN HFHS ALSO INCLUDES HENRY FORD WEST BLOOMFIELD HOSPITAL, A 191 BED COMMUNITY HOSPITAL, BEHAVIORAL HEALTH SERVICES PROVIDED THROUGHOUT THE ABOVE FACILITIES AS WELL AS AT HENRY FORD KINGWOOD HOSPITAL, A 100 BED PSYCHIATRIC HOSPITAL, AND THE MAPLEGROVE CENTER, A 67 BED FACILITY HFHS COMMUNITY CARE SERVICES OFFERS A BROAD LEVEL OF SERVICES AT NUMEROUS GEOGRAPHIC LOCATIONS INCLUDING NURSING CARE, HOME CARE, SENIOR CARE, PHARMACIES, EYE CARE, HOSPICE CARE, OCCUPATIONAL HEALTH, DIALYSIS AND A DEDICATED CANCER CENTER THE SYSTEM DEMONSTRATES ITS EXEMPT PURPOSE TO BENEFIT THE COMMUNITY BY OPERATING EMERGENCY ROOMS OPEN TO THE PUBLIC 24 HOURS A DAY, 7 DAYS A WEEK, PROVIDING FACILITIES FOR THE EDUCATION AND TRAINING OF HEALTH CARE PROFESSIONALS, AND MAINTAINING RESEARCH FACILITIES FOR THE STUDY OF NEW DRUGS AND MEDICAL DEVICES THAT OFFER THE PROMISE OF IMPROVING HEALTH CARE THE SYSTEM ALSO PROVIDES COMMUNITY HEALTH SERVICES, SUCH AS COMMUNITY EDUCATION AND OUTREACH IN THE FORM OF FREE OR LOW-COST CLINICS, HEALTH EDUCATION TELEVISION PROGRAMMING, DONATIONS FOR THE COMMUNITY, MULTIPLE HEALTH PROMOTION AND WELLNESS PROGRAMS, SUCH AS HEALTH SCREENING, AND VARIOUS COMMUNITY PROJECTS AND SUPPORT GROUPS COMMUNITY PARTNERSHIPS HENRY FORD DEVELOPS INNOVATIVE WAYS TO ADDRESS THE SOCIAL, ECONOMIC AND EDUCATIONAL ISSUES THAT AFFECT THE HEALTH OF THE METRO DETROIT COMMUNITY THESE INCLUDE CENTER FOR HEALTH SERVICES RESEARCH-CONDUCTS RESEARCH FOCUSING ON OUTCOMES, EFFECTIVENESS AND COST-EFFECTIVENESS OF THE PREVENTION, DIAGNOSIS, TREATMENT AND MANAGEMENT OF SUCH DISEASES AS CANCER, DIABETES, ASTHMA AND CONGESTIVE HEART FAILURE AS WELL AS COMMON ACUTE CONDITIONS COMMUNITY HEALTH AND SOCIAL SERVICES (CHASS) CLINIC-PROVIDES PRIMARY CARE SERVICES TO MORE THAN 3,500 UNINSURED DETROIT RESIDENTS EVERY MONTH HFHS PHYSICIANS STAFF THE TWO CLINICS, WHICH ARE LOCATED IN SOUTHWEST DETROIT AND IN THE NEW CENTER AREA INNOVATION INSTITUTE AT HENRY FORD HOSPITAL - IN COLLABORATION WITH WAYNE STATE UNIVERSITY SCHOOL OF ENGINEERING AND CENTER FOR CREATIVE STUDIES, THE INNOVATION INSTITUTE AIMS TO RESEARCH AND DESIGN MEDICAL PRODUCTS TO ENHANCE MEDICAL USE AND TO CREATE NEW INDUSTRY IN THE REGIONINSTITUTE ON MULTICULTURAL HEALTH-STUDIES THE DISPARITIES IN HEALTH CARE AMONG PEOPLE OF COLOR AND FINDS SOLUTIONS FOR GETTING EARLY DIAGNOSIS AND TREATMENT OF DISEASES SCHOOL-BASED AND COMMUNITY HEALTH PROGRAM - PROVIDES STUDENTS ACCESS TO A HEALTH CARE CLINIC IN EIGHT DETROIT SCHOOLS, ONE DETROIT YOUTH CENTER AND ONE WARREN SCHOOL, INCLUDING PRIMARY CARE, DENTAL SERVICES, MENTAL HEALTH AND HEALTH EDUCATION IT HAS DEMONSTRATED BETTER ATTENDANCE AND TEST SCORES BY STUDENTS THE PROGRAM ALSO OFFERS A MOBILE PEDIATRIC MEDICAL CLINIC CALLED HANK, WHICH TRAVELS TO SEVEN DETROIT SCHOOLS EVERY WEEK AND IS FUNDED BY THE CHILDREN'S HEALTH FUND

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 THE INTEGRATED HEALTH SYSTEM ALSO INCLUDES 4 COMMUNITY HOSPITALS ENCOMPASSING MORE THAN 1,000 BEDS WITH EMERGENCY SERVICES AND OPEN MEDICAL STAFFS LOCATED IN SUBURBAN REGIONS OF SOUTHEAST MICHIGAN THESE ENTITIES ARE SEPARATE CORPORATIONS AND THE RESULTS OF THEIR COMMUNITY BENEFIT ACTIVITIES ARE REFLECTED IN THEIR RESPECTIVE TAX RETURNS

Additional Data

Software ID:
Software Version:
EIN: 38-1357020
Name: HENRY FORD HEALTH SYSTEM

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section C. Other 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 facilities did the organization operate during the tax year? 72

Name and address	Type of Facility (Describe)
HENRY FORD MEDICAL CENTER - FAIRLANE 19401 HUBBARD DRIVE DEARBORN, MI 48126	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HENRY FORD HEALTH SYSTEM

Employer identification number
38-1357020

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 35

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) HELPING HANDS PROGRAM	131	197,824			
(2) PATIENT MEDICAL SUPPLIES & PHARMACEUTICALS	877		658,024	FMV	PATIENTS MEETING FINANCIAL ASSISTANCE PROGRAM GUIDELINES MAY BE PROVIDED WITH PHARMACEUTICALS & MEDICAL SUPPLIES AT NO CHARGE UPON DISCHARGE

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE HENRY FORD HEALTH SYSTEM HELPING HANDS PROGRAM IS A CHARITABLE INITIATIVE SPONSORED AND FUNDED ENTIRELY BY EMPLOYEES TO HELP CO-WORKERS, VOLUNTEERS AND RETIREES IN TIMES OF NEED SINCE ITS INCEPTION IN 1992, THE PROGRAM HAS PROVIDED FINANCIAL ASSISTANCE TO HUNDREDS OF PEOPLE HELPING HANDS PROVIDES FINANCIAL ASSISTANCE OF UP TO $1,800 TO ELIGIBLE EMPLOYEES AND UP TO $500 TO ELIGIBLE VOLUNTEERS AND RETIREES WHO, DUE TO A CATASTROPHE-SUCH AS A HOME FIRE, ILLNESS OR INJURY-CAN'T AFFORD BASIC NECESSITIES INCLUDING FOOD, CLOTHING AND MEDICAL CARE A HELPING HANDS EXECUTIVE COMMITTEE ("THE COMMITTEE") COMPRISED OF A REPRESENTATIVE FROM EACH BUSINESS UNIT OF THE HEALTH SYSTEM OVERSEES THE HELPING HANDS PROGRAM THE COMMITTEE PROVIDES PERIODIC OVERSIGHT OF THE POLICIES AND CRITERIA THAT GOVERN THE DISTRIBUTION OF FUNDS AND PRODUCES AND MAINTAINS THE PROGRAM'S FINANCIAL REPORTS APPLICATIONS FOR FUNDS, ELIGIBILITY DETERMINATIONS AND DISTRIBUTION OF FUNDS ARE ADMINISTERED AT THE BUSINESS UNIT LEVEL EITHER BY A BUSINESS UNIT HELPING HANDS COMMITTEE OR A HELPING HANDS REPRESENTATIVE
		THE COMMUNITY OUTREACH DEPARTMENT MONITORS GRANTS PAID TO CHARITABLE AND GOVERNMENTAL ENTITIES

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 38-1357020
Name: HENRY FORD HEALTH SYSTEM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN KIDNEY FUND 6110 EXECUTIVE BLVD-STE 1010 ROCKVILLE,MD 20852	23-7124261	501(C)(3)	120,000				ORGANIZATIONAL SUPPORT
DETROIT CRISTO REY HIGH SCHOOL5679 W VERNOR HIGHWAY DETROIT,MI 48209	04-3730980	501(C)(3)	28,000				ORGANIZATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GREATER DETROIT AREA HEALTH COUNCIL333 W FORT STREET DETROIT,MI 48226	38-1360904	501(C)(3)	101,120				ORGANIZATIONAL SUPPORT
CITY YEAR DETROIT (CITY YEAR INC)1 FORD PLACE-SUITE 1F DETROIT,MI 48202	22-2882549	501(C)(3)	30,000	99,465	FAIR MARKET VALUE	PROVISION OF OFFICE SPACE & POSTAGE AT NO COST	ORGANIZATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 24445 NORTHWESTERN HWY SOUTHFIELD, MI 48075	13-5613797	501(C)(3)	29,000				ORGANIZATIONAL SUPPORT
NATIONAL KIDNEY FOUNDATION OF MICHIGAN1169 OAK VALLEY DRIVE ANN ARBOR, MI 48108	38-1559941	501(C)(3)	11,700				ORGANIZATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN DIABETES ASSOCIATION 30200 TELEGRAPH RD-STE 105 BINGHAM FARMS, MI 48025	13-1623888	501(C)(3)	10,000				ORGANIZATIONAL SUPPORT
WAYNE STATE UNIVERSITY5700 CASS AVENUE-SUITE 4100 DETROIT,MI 48202	38-6028429	501(C)(3)	45,400				ORGANIZATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MOSAIC YOUTH THEATER610 ANTOINETTE ST DETROIT,MI 48202	38-3069610	501(C)(3)	11,800				ORGANIZATIONAL SUPPORT
100 BLACK MEN OF GREATER DETROIT1 FORD PLACE DETROIT,MI 48202	38-3124115	501(C)(3)	7,500				ORGANIZATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATCH-CARING ATHLETES TEAM FOR CHILDREN'S & HENRY FORD HOSPITAL3011 W GRAND BLVD-SUITE 223 DETROIT,MI 48202	38-2746810	501(C)(3)	8,800				ORGANIZATIONAL SUPPORT
AMERICAN CANCER SOCIETY 1755 ABBEY ROAD EAST LANSING, MI 48823	38-1387120	501(C)(3)	5,025				ORGANIZATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VATTIKUTI FOUNDATION3350 EASTPOINTE LN BLOOMFIELD,MI 48302	38-3380162	501(C)(3)	15,000				ORGANIZATIONAL SUPPORT
ARAB COMMUNITY CENTER FOR ECONOMIC & SOCIAL SERVICES 2651 SAULINO COURT DEARBORN,MI 48120	23-7444497	501(C)(3)	28,000				ORGANIZATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DETROIT BRANCH-NAACP 8220 SECOND AVE DETROIT,MI 48202	13-1084135	501(C)(3)	9,700				ORGANIZATIONAL SUPPORT
VOICES OF DETROIT INITIATIVE4201 ST ANTOINE-UHC 9D DETROIT,MI 48201	20-2333719	501(C)(3)	25,000				ORGANIZATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MICHIGAN PHYSICAL FITNESS HEALTH & SPORTS FOUNDATIONPO BOX 27187 LANSING,MI 48909	38-3172025	501(C)(3)	10,000				ORGANIZATIONAL SUPPORT
BIG BROTHERS BIG SISTERS OF METROPOLITAN DETROIT7700 SECOND STREET - 602 DETROIT,MI 48202	38-6112533	501(C)(3)	10,000				ORGANIZATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DETROIT INSTITUTE OF OPHTHALMOLOGY 15415 E JEFFERSON GROSSE POINTE PARK, MI 48230	38-2299899	501(C)(3)	60,600				ORGANIZATIONAL SUPPORT
FRIENDSHIP CIRCLE 6892 WEST MAPLE ROAD W BLOOMFIELD, MI 48322	38-3613944	501(C)(3)	10,000				ORGANIZATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST JOSEPH MERCY HOSPITAL-OAKLAND44405 WOODWARD AVENUE PONTIAC,MI 48341	38-2113393	501(C)(3)	7,500				ORGANIZATIONAL SUPPORT
HABITAT FOR HUMANITY DETROIT14325 JANE STREET DETROIT,MI 48205	38-2708025	501(C)(3)	29,850				ORGANIZATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SERVICES FOR OLDER CITIZENS 17150 WATERLOO GROSSE POINTE PARK, MI 48230	38-2254509	501(C)(3)	6,000				ORGANIZATIONAL SUPPORT
DETROIT REGIONAL CHAMBER FOUNDATION INC ONE WOODWARD AVE-SUITE 1900 DETROIT, MI 48226	32-2352462	501(C)(3)	13,500				ORGANIZATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JUVENILE DIABETES RESEARCH FOUNDATION24359 NORTHWESTERN HWY225 SOUTHFIELD,MI 48075	23-1907729	501(C)(3)	7,500				ORGANIZATIONAL SUPPORT
KADIMA JEWISH SUPPORT SERVICES 15999 W TWELVE MILE ROAD SOUTHFIELD,MI 48076	38-2630596	501(C)(3)	5,025				ORGANIZATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
METROPOLITAN AFFAIRS COALITION535 GRISWOLD DETROIT,MI 48226	38-1602801	501(C)(3)	6,000				ORGANIZATIONAL SUPPORT
CORNERSTONE SCHOOLS ASSOCIATION6861 EAST NEVADA DETROIT,MI 48234	38-2995984	501(C)(3)	10,000				ORGANIZATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY HEALTH & SOCIAL SERVICES CENTER INC (CHASS)5635 W FORT STREET DETROIT,MI 48209	38-3094394	501(C)(3)		860,712	COST	PROVISION OF MEDICAL OFFICE & STAFF FOR COMMUNITY HEALTH CENTER	ORGANIZATIONAL SUPPORT
THE PARADE COMPANY9500 MT ELLIOTT-SUITE A DETROIT,MI 48211	38-2684772	501(C)(3)	6,750				ORGANIZATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY CULTURAL CENTER ASSOCIATION 3939 WOODWARD AVENUE DETROIT, MI 48201	38-2134035	501(C)(3)	208,000				ORGANIZATIONAL SUPPORT
UNIVERSITY OF MICHIGANOFFICE OF DEVELOPMENT 3003 SOUTH STATE STREET SUITE 9000 ANN ARBOR, MI 48109	38-6006309	501(C)(3)	8,000				ORGANIZATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MHA PATIENT SAFETY ORGANIZATION6215 W ST JOSEPH HWY LANSING,MI 48917	38-6091188	501(C)(3)	69,564				ORGANIZATIONAL SUPPORT
SAFETY NET HOSPITALS FOR PHARMACEUTICAL ACCESS1501 M STREET NW-7TH FLOOR WASHINGTN,DC 20005	20-5913680	501(C)(3)	17,500				ORGANIZATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WEST BLOOMFIELD PARKS & RECREATION 4640 WALNUT LAKE ROAD W BLOOMFIELD, MI 48323	38-6007323	GOVERNMENTAL ENTITY	7,500				ORGANIZATIONAL SUPPORT

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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" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HENRY FORD HEALTH SYSTEM

Employer identification number
38-1357020

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 in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**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) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**	Yes	
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

(A) Name		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	IT IS THE ORGANIZATION'S POLICY TO PAY OR REIMBURSE EMPLOYEES FOR BONAFIDE BUSINESS TRAVEL BASED ON THE MOST COST EFFECTIVE MEANS AVAILABLE GENERALLY, WHEN AIR TRAVEL IS INVOLVED THIS EQUATES TO COACH CLASS AIR FARE UNDER CERTAIN CIRCUMSTANCES, SUCH AS WHEN COACH CLASS IS NOT AVAILABLE OR THE TRIP IS OF AN EXTENSIVE DURATION, SENIOR LEADERSHIP HAS APPROVED BUSINESS CLASS, FIRST CLASS OR CHARTER TRAVEL IN SUCH CIRCUMSTANCES, THE TRAVEL IS CONSIDERED TO BE FOR A BONAFIDE BUSINESS PURPOSE, ACCORDINGLY NO TAXABLE INCOME IS REPORTED THERE WERE NO PAYMENTS OR REIMBURSEMENTS OF FIRST CLASS DURING 2011 CERTAIN MEMBERS OF THE ORGANIZATION'S SENIOR LEADERSHIP TEAM PARTICIPATE IN A SUPPLEMENTAL RETIREMENT PROGRAM THAT RESULTS IN REPORTABLE TAXABLE INCOME AS THE BENEFITS ACCRUE, RATHER THAN AS THEY ARE PAID THE ORGANIZATION ALSO OFFERS CERTAIN MEMBERS OF LEADERSHIP THE OPTION OF PARTICIPATING IN AN IRC SEC 457 BENEFIT PROGRAM WHICH ALSO RESULTS IN REPORTABLE TAXABLE INCOME AS BENEFITS ACCRUE, RATHER THAN AS THEY ARE PAID IT IS AN ELEMENT OF THE PLAN DESIGN TO ABSORB THE ADVANCE TAX IMPACT OF THESE PLANS FOR THE PARTICIPANTS IN SUCH CASES THE RELATED AMOUNTS ARE REPORTED AS TAXABLE INCOME TO THE INDIVIDUAL AND INCLUDED IN THE DETERMINATION OF REASONABLE COMPENSATION SEE Q 4B FOR THE REQUIRED LISTING OF THE PARTICIPATING INDIVIDUALS
	PART I, LINE 4B	4B CERTAIN MEMBERS OF THE ORGANIZATION'S SENIOR LEADERSHIP TEAM PARTICIPATE IN A SUPPLEMENTAL RETIREMENT PROGRAM THAT RESULTS IN REPORTABLE TAXABLE INCOME AS THE BENEFITS ACCRUE, RATHER THAN AS THEY ARE PAID IT IS AN ELEMENT OF THE PLAN DESIGN TO ABSORB THE ADVANCE TAX IMPACT OF THESE PLANS FOR THE PARTICIPANTS IN SUCH CASES THE RELATED AMOUNTS ARE REPORTED AS TAXABLE INCOME TO THE INDIVIDUAL AND INCLUDED IN THE DETERMINATION OF REASONABLE COMPENSATION THE FOLLOWING PROVIDES THE REQUIRED LISTING OF THE PARTICIPATING INDIVIDUALS SCH J, LINE 4B, PERSON PARTICIPATING IN NONQUALIFIED RETIREMENT PLANS SEC 457(F) - SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) PARTICIPANT ACCRUAL NON-VESTED REPORTABLE W-2 NANCY SCHLICHTING 680,825 - 680,825 MARK KELLEY, M D 235,058 - 235,058 JAMES CONNELLY 175,059 - 175,059 PARTICIPANT ACCRUAL NON-VESTED REPORTABLE W-2 ROBERT RINEY 181,883 - 181,883 JOHN POLANSKI 63,612 - 63,612 JOHN POPOVICH, M D 98,707 - 98,707 GERARD VAN GRINSVEN 63,990 - 63,990 WILLIAM ALVIN 100,813 100,813 - CONTRIBUTIONS TO SEC 457(B)-NON-QUALIFIED DEFERRED COMPENSATION RETIREMENT PLAN EMPLOYEE EMPLOYER MEDICARE REPORTABLE 2011 CONTR 2011 CONTR TAX GROSS-UP W-2 AMOUNTS NANCY SCHLICHTING - 16,500 243 16,743 MANI MENON, M D - 16,500 243 16,743 MARK KELLEY, M D - 16,500 243 16,743 MARK ROSENBLUM, M D - 16,500 243 16,743 THEODORE PARSONS, MD - 16,500 243 16,743 JAMES CONNELLY 56 16,444 242 16,742 ROBERT RINEY - 16,500 243 16,743 EMPLOYEE EMPLOYER MEDICARE REPORTABLE 2011 CONTR 2011 CONTR TAX GROSS-UP W-2 AMOUNTS MARWAN ABOULJOUD, M D 525 15,975 235 16,735 GHAUS MALIK, M D - 16,500 243 16,743 JOHN POPOVICH, M D - 16,500 243 16,743 WILLIAM ALVIN 3,437 13,063 192 16,692 UDAY DESAI, M D 5,025 11,475 169 16,669 JOHN POLANSKI 6,820 9,680 142 16,642 EDITH EISENMANN 16,500 - - 16,500 KATHLEEN YAREMCHUK, M D - 16,500 243 16,743 GERARD VAN GRINSVEN - 4,697 69 4,766 DISTRIBUTIONS FROM NON-QUALIFIED DEFERRED COMPENSATION ARRANGEMENT (DCA) PLAN REPORTABLE W-2 2011 DISTR AMOUNTS VINOD SAHNEY 238,726 238,726 GHAUS MALIK, M D 83,745 83,754 ACCRUALS TO SELECT SEC 457(F)-NON-QUALIFIED DEFERRED COMPENSATION RETIREMENT PLAN 2011 ACCRUALS JOHN POPOVICH, M D 84,000 MARK ROSENBLUM, M D 84,000
	PART I, LINE 5	CERTAIN PHYSICIANS EMPLOYED BY THE ORGANIZATION RECEIVE COMPENSATION BASED ON A CONTRACTUAL FORMULA THAT PROVIDES FOR A MINIMUM BASE SALARY AND INCREMENTAL COMPENSATION WHEN DEPARTMENTAL NET REVENUE EXCEEDS A PREDETERMINED LEVEL SUCH ARRANGEMENTS AND THE RESULTING COMPENSATION ARE CONSIDERED IN THE EVALUATION OF REASONABLE COMPENSATION
	PART I, LINE 7	CERTAIN PHYSICIANS EMPLOYED BY THE ORGANIZATION RECEIVE COMPENSATION BASED ON A BASE SALARY AND AN INCENTIVE PAYMENT WHEN SERVICE VOLUMES EXCEED A PREDETERMINED LEVEL SUCH AGREEMENTS AND THE RESULTING COMPENSATION ARE CONSIDERED IN THE EVALUATION OF REASONABLE COMPENSATION

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 38-1357020
Name: HENRY FORD HEALTH SYSTEM

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
MARK A KELLEY MD	(I) (II)	775,608 0	507,919 0	259,325 0	19,647 0	21,516 0	1,584,015 0	0 0
KATHLEEN L YAREMCHUK MD	(I) (II)	551,606 0	79,118 0	44,179 0	22,097 0	24,257 0	721,257 0	0 0
NANCY M SCHLICHTING	(I) (II)	1,212,034 0	1,166,268 0	708,237 0	19,647 0	21,386 0	3,127,572 0	0 0
MARWAN ABOULJOUD MD	(I) (II)	584,646 0	110,000 0	273,541 0	19,647 0	20,431 0	1,008,265 0	0 0
BRIAN R GAMBLE	(I) (II)	172,332 0	46,423 0	0 0	19,382 0	17,256 0	255,393 0	0 0
EDITH L EISENMANN	(I) (II)	138,674 0	54,560 0	18,697 0	17,607 0	12,335 0	241,873 0	0 0
JAMES M CONNELLY	(I) (II)	607,114 0	460,119 0	206,279 0	19,647 0	20,339 0	1,313,498 0	0 0
WILLIAM ALVIN	(I) (II)	485,770 0	335,203 0	23,655 0	123,079 0	13,242 0	980,949 0	0 0
JOHN POLANSKI	(I) (II)	405,721 0	251,928 0	83,819 0	23,649 0	16,216 0	781,333 0	0 0
ROBERT G RINEY	(I) (II)	788,460 0	579,333 0	201,488 0	22,097 0	19,874 0	1,611,252 0	0 0
JOHN POPOVICH MD	(I) (II)	650,051 0	264,625 0	120,271 0	106,097 0	25,488 0	1,166,532 0	0 0
GERARD VAN GRINSVEN	(I) (II)	378,490 0	221,041 0	68,756 0	19,690 0	19,874 0	707,851 0	0 0
UDAY DESAI MD	(I) (II)	479,384 0	414,914 0	64,116 0	19,647 0	25,504 0	1,003,565 0	0 0
MANI MENON MD	(I) (II)	883,422 0	965,816 0	28,578 0	19,647 0	20,897 0	1,918,360 0	0 0
MARK L ROSENBLUM MD	(I) (II)	771,339 0	431,564 0	254,054 0	106,097 0	25,972 0	1,589,026 0	0 0
GHAUS MALIK MD	(I) (II)	634,375 0	49,115 0	385,646 0	22,097 0	19,495 0	1,110,728 0	83,746 0
THEODORE W PARSONS MD	(I) (II)	859,428 0	112,506 0	39,060 0	17,197 0	23,924 0	1,052,115 0	0 0
VINOD SAHNEY	(I) (II)	0 0	0 0	240,448 0	0 0	0 0	240,448 0	238,726 0

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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 IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HENRY FORD HEALTH SYSTEM

Employer identification number
38-1357020

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MICHIGAN STATE HOSPITAL FINANCE AUTHORITY	38-2889417	59465HDM5	06-27-2006	403,115,204	SEE PART VI		X		X		X
B	MICHIGAN STATE HOSPITAL FINANCE AUTHORITY	38-2889417	59465HGS9	11-29-2007	165,735,000	SEE PART VI		X		X		X
C	MICHIGAN STATE HOSPITAL FINANCE AUTHORITY	38-2889417	59654HMA1	11-03-2009	322,571,412	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	14,395,000	8,810,000	9,875,000	
2	Amount of bonds defeased				
3	Total proceeds of issue	433,450,883	165,735,000	322,571,784	
4	Gross proceeds in reserve funds			23,348,894	
5	Capitalized interest from proceeds	24,165,427		12,938,234	
6	Proceeds in refunding escrow	63,578,656			
7	Issuance costs from proceeds	3,541,881	1,453,729	4,474,851	
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	253,937,393	164,281,271	87,119,305	
11	Other spent proceeds	88,227,527		194,690,500	
12	Other unspent proceeds				
13	Year of substantial completion	2009	2007	2009	

		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		X	X			
15	Were the bonds issued as part of an advance refunding issue?	X			X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		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?		X		X		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		X		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 %		0 %		0 %			
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 ▶	0 %		0 %		0 %			
6	Total of lines 4 and 5	0 %		0 %		0 %			
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X			

Part IV Arbitrage

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

Part V Procedures To Undertake Corrective Action

Check the box if 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 . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, COLUMN (F), DESCRIPTION OF PURPOSE	(A) ISSUER NAME MICHIGAN STATE HOSPITAL FINANCE AUTHORITY (F) DESCRIPTION OF PURPOSE REFUND 1999 (10/12/99), 1992A (9/16/92) & 2003A BONDS, FUND NEW CONSTRUCTION (B) ISSUER NAME MICHIGAN STATE HOSPITAL FINANCE AUTHORITY (F) DESCRIPTION OF PURPOSE FUND ACQUISITION OF ASSETS (C) ISSUER NAME MICHIGAN STATE HOSPITAL FINANCE AUTHORITY (F) DESCRIPTION OF PURPOSE REFUND 2006B&C (6/27/06) BONDS, FUND NEW CONSTRUCTION PART I, COLUMN (E) AND PART II, LINE 3 - DIFFERENCES BETWEEN THE ISSUE PRICE SHOWN IN PART I, COLUMN (E) AND TOTAL PROCEEDS SHOWN IN PART II, LINE 3 ARE DUE TO INVESTMENT EARNINGS PART II, LINE 3, COLUMN A - FOR PURPOSES OF DETERMINING PROCEEDS ON THE ISSUE, WE HAVE ASSUMED THAT THE "PROJECT PERIOD" WITH RESPECT TO THE REFUNDING PORTION OF AN ISSUE ENDS ON THE DATE THE REFUNDED BONDS ARE CALLED AND RETIRED PART IV, LINE 5, COLUMN A - THIS WAS AN ADVANCE REFUNDING ISSUE, WHICH HAS A 30-DAY TEMPORARY PERIOD AS SUCH, THE PROCEEDS HAVE BEEN YIELD RESTRICTED PART V, PROCEDURES TO UNDERTAKE CORRECTIVE ACTIONS - HENRY FORD HEALTH SYSTEM HAS HAD AD HOC COMPLIANCE PROCEDURES FOR MANY YEARS ON 12/9/12 (WHICH IS SUBSEQUENT TO THE CLOSE OF THE TAX YEAR), WRITTEN PROCEDURES WERE FORMALLY ADOPTED

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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 lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

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Open to Public Inspection

Name of the organization
HENRY FORD HEALTH SYSTEM

Employer identification number
38-1357020

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DTE ENERGY	SEE BELOW	12,209,699	SEE BELOW		No
(2) COMERICA BANK	SEE BELOW	955,572	SEE BELOW		No
(3) STERIS CORP	SEE BELOW	69,733	SEE BELOW		No
(4) NANCY SAMMONS	SEE BELOW	129,878	SEE BELOW		No
(5) JOSH GAMBLE	SEE BELOW	10,509	SEE BELOW		No
(6) KIRCO DEVELOPMENT LLC	SEE BELOW	1,860,494	SEE BELOW		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
		SCHED L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS (A) NAME OF PERSON DTE ENERGY (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION BOARD MEMBER/OFFICER(D) DESCRIPTION OF TRANSACTION UTILITY SERVICES(A) NAME OF PERSON COMERICA BANK(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION BOARD MEMBER/BOARD MEMBER(D) DESCRIPTION OF TRANSACTION BANKING SERVICES(A) NAME OF PERSON STERIS CORP (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION BOARD MEMBER/BOARD MEMBER(D) DESCRIPTION OF TRANSACTION MEDICAL SUPPLIES(A) NAME OF PERSON NANCY SAMMONS(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER/KEY EMPLOYEE(D) DESCRIPTION OF TRANSACTION EMPLOYEE COMPENSATION(A) NAME OF PERSON JOSH GAMBLE(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER/CURRENT OFFICER(D) DESCRIPTION OF TRANSACTION EMPLOYEE COMPENSATION(A) NAME OF PERSON KIRCO DEVELOPMENT LLC(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION BOARD MEMBER/TRUSTEE(D) DESCRIPTION OF TRANSACTION CONSTRUCTION SERVICES

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▸Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▸ Attach to Form 990.

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2011

Open to Public Inspection

Name of the organization
HENRY FORD HEALTH SYSTEM

Employer identification number
38-1357020

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art	X	9	59,874	FAIR MARKET VALUE
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	16	448,444	MARKET VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	X	3	131,765	FAIR MARKET VALUE
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▸ (SOFTWARE)	X	1	1,073,640	FAIR MARKET VALUE
26	Other ▸ (MISCELLANEOUS)	X	570	997,837	FAIR MARKET VALUE
27	Other ▸ (LAND LEASE)	X	1	384,000	FAIR MARKET VALUE
28	Other ▸ (AUTOMOTIVE SERVICES)	X	1	396,608	FAIR MARKET VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes	
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	BROKERAGE FIRM SELLS DONATIONS OF STOCK SCHEDULE M, COLUMN (B) REFLECTS THE NUMBER OF CONTRIBUTIONS

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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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HENRY FORD HEALTH SYSTEM

Employer identification number
38-1357020

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	BUSINESS RELATIONSHIP - STEPHANIE BERGERON (CURRENT TRUSTEE) AND EDWARD CALLAGHAN, PHD (CURRENT TRUSTEE) BUSINESS - CERTAIN TRUSTEES ARE ALSO CO-TRUSTEES OF OTHER CHARITABLE ORGANIZATIONS IN THE COMMUNITY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 3	THE ORGANIZATION HAS CONTRACTED WITH H2O, LLC TO PROVIDE SENIOR LEADERSHIP TO ITS HUMAN RESOURCES FUNCTION UNDER THE TERMS OF THIS AGREEMENT, H2O PROVIDES HFHS WITH THE SERVICES OF THE CHIEF HUMAN RESOURCES OFFICER OF HFHS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE TAX DEPARTMENT OF THE ORGANIZATION PREPARES THE FORM 990 AND HAS IT REVIEWED BY ITS INDEPENDENT TAX SERVICE PROVIDER AS PART OF THE PREPARATION AND REVIEW PROCESS PRIOR TO FILING THE RETURN, THE FOLLOWING REVIEW PROCESS IS CONDUCTED - REVIEW OF THE ENTIRE RETURN WITH THE HFHS CHIEF FINANCIAL OFFICER, CHIEF OPERATING OFFICER AND CHIEF EXECUTIVE OFFICER - REVIEW OF ALL COMPENSATION MATTERS AND DISCLOSURES WITH THE COMPENSATION COMMITTEE OF THE HFHS BOARD OF TRUSTEES - REVIEW OF THE RETURN WITH THE HFHS AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD OF TRUSTEES - PROVIDE A COPY OF THE RETURN TO THE HFHS BOARD OF TRUSTEES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION HAS A STANDING CONFLICT OF INTEREST COMMITTEE (THE COMMITTEE) THAT IS RESPONSIBLE FOR OVERSIGHT OF ALL CONFLICT OF INTEREST MATTERS THE ORGANIZATION'S CONFLICT OF INTEREST POLICY APPLIES TO ALL TRUSTEES AND EMPLOYEES ANNUALLY, TRUSTEES, EMPLOYEES OF A MANAGEMENT LEVEL, RESEARCHERS, AS WELL AS EMPLOYEES ASSOCIATED WITH PROCUREMENT, OR IN CERTAIN OTHER PREDEFINED ROLES MUST COMPLETE AN ANNUAL DISCLOSURE DESIGNED TO IDENTIFY ACTIVITIES AND RELATIONSHIPS THAT COULD POTENTIALLY GIVE RISE TO A CONFLICT OF INTEREST IT IS THE RESPONSIBILITY OF THE COMMITTEE TO REVIEW THESE DISCLOSURES AND DETERMINE THE NEED FOR ANY ACTION TO MANAGE THE POTENTIAL CONFLICT THE COMMITTEE ANNUALLY REPORTS THE RESULTS OF ITS ACTIVITIES TO THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD OF TRUSTEES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION HAS A COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES CONSISTING OF ALL EXTERNAL TRUSTEES THEY MEET PERIODICALLY THROUGHOUT THE YEAR THEY ARE CHARGED WITH APPROVAL OF THE ORGANIZATION'S OVERALL COMPENSATION AND BENEFIT PROGRAMS AS WELL AS THE SPECIFIC REVIEW AND APPROVAL OF THE COMPENSATION OF CERTAIN EMPLOYEES INCLUDING THE CHIEF EXECUTIVE OFFICER, ALL OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION THEY DIRECTLY ENGAGE AN INDEPENDENT COMPENSATION ADVISOR TO ASSIST WITH THIS PROCESS THE PROCESS INCLUDES EVALUATION OF THE INDIVIDUAL'S PERFORMANCE, UTILIZATION OF COMPENSATION STUDIES OF SIMILARLY SITUATED POSITIONS, AS WELL AS COMPARISONS TO COMPENSATION AS REPORTED BY OTHER HEALTH CARE ORGANIZATIONS THE REASONABLENESS OF COMPENSATION IS EVALUATED BASED UPON THESE AND OTHER FACTORS THE COMMITTEE ALSO REVIEWS THE COMPENSATION DISCLOSURES TO BE MADE ON FORM 990 IN ADVANCE OF FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	IT IS THE PRACTICE OF THE ORGANIZATION TO MAKE ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO ANY PARTY REQUESTING SUCH INFORMATION AS A HOLDER OF TAX EXEMPT DEBT THE FINANCIAL STATEMENTS OF THE ORGANIZATION ARE MADE AVAILABLE TO A PUBLIC CLEARING HOUSE ON A QUARTERLY BASIS PART IV, LINE 12 THE ORGANIZATION IS AN ELEMENT OF THE EXTERNAL AUDIT REPORT OBTAINED FOR THE CONSOLIDATED OPERATIONS OF HENRY FORD HEALTH SYSTEM PART XI, LINE 2C THE ORGANIZATION IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF HENRY FORD HEALTH SYSTEM AND AFFILIATES THE GOVERNING BODY OF HFHS HAS DELEGATED THE OVERSIGHT OF FINANCIAL STATEMENTS, INCLUDING THE CHOICE OF FINANCIAL AUDITORS, TO ITS AUDIT COMMITTEE SCHEDULE R, PART V, LINE 1D AND 1E THE ORGANIZATION IS A MEMBER OF THE HENRY FORD HEALTH SYSTEM OBLIGATED GROUP MEMBERS OF THE OBLIGATED GROUP ARE JOINTLY AND SEVERALLY LIABLE FOR OUTSTANDING OBLIGATIONS ISSUED UNDER THE BOND MASTER INDENTURE SCHEDULE R, PART II, IDENTIFICATION OF OTHER RELATED ORGANIZATIONS THE ORGANIZATION HAS THE FOLLOWING OPERATING DIVISIONS THAT ARE NOT SEPARATE LEGAL ENTITIES BUT HAVE THEIR OWN UNIQUE ASSIGNED EIN'S FINANCIAL INFORMATION RELATING TO THESE DIVISIONS ARE INCLUDED IN THIS RETURN - HENRY FORD WEST BLOOMFIELD HOSPITAL (26-3896897) - CENTER FOR COMPLEMENTARY AND INTEGRATIVE MEDICINE (30-0092342) - HENRY FORD HEALTH SYSTEM - SCHOOL BASED HEALTH INITIATIVE (87-0729167) - COTTAGE HOSPITAL PHYSICIAN PRACTICE (26-4245539) SCHEDULE R, PART V, LINE 2, COLUMN C ALL TRANSACTIONS REPORTED ARE BASED ON CASH VALUE

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -5,045,144 PENSION LIABILITY ADJUSTMENT -42,944,007 OTHER INTERCOMPANY TRANSFERS -3,836,756 TOTAL TO FORM 990, PART XI, LINE 5 -51,825,907

Identifier	Return Reference	Explanation
		FORM 990, PART VII AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS MANY EXECUTIVE EMPLOYEES OF HFHS PROVIDE SERVICES TO MULTIPLE AFFILIATED ENTITIES HENRY FORD HEALTH SYSTEM USES ESTIMATES FOR REPORTING AVERAGE HOURS PER WEEK IN ALL SECTIONS OF FORM 990 GENERALLY 60 HOURS ARE REPORTED FOR THE HOURS ASSOCIATED FOR THE ORGANIZATION THAT THE INDIVIDUAL HAS PRINCIPAL RESPONSIBILITY FOR HOURS ASSOCIATED WITH OTHER HOSPITAL OR LARGER ORGANIZATIONS ARE REPORTED AT 5 PER WEEK, AND FOR SMALLER ORGANIZATIONS 1 HOUR PER WEEK IS REPORTED WILLIAM ALVIN IS AN EMPLOYEE OF HFHS BUT SERVES AS THE CEO OF OUR AFFILIATE, HEALTH ALLIANCE PLAN

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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" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HENRY FORD HEALTH SYSTEM

Employer identification number
38-1357020

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) P-COR LLC 655 W 13 MILE ROAD MADISON HEIGHTS, MI 48071 38-3322462	EYE CARE SERVICES	MI	35,447,849	16,139,599	N/A
(2) NEIGHBORHOOD DEVELOPMENT LLC ONE FORD PLACE DETROIT, MI 48202 33-1210726	REAL ESTATE	MI	52,326	8,872,071	N/A
(3) HFHS EMPLOYMENT COMPANY LLC ONE FORD PLACE DETROIT, MI 48202 45-3852852	STAFFING SERVICES	MI	0	0	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) HENRY FORD MACOMB HOSPITAL CORPORATION ONE FORD PLACE DETROIT, MI 48202 38-2947657	HEALTHCARE SERVICE PROVIDER	DE	501(C)(3)	3	N/A	Yes	
(2) HENRY FORD WYANDOTTE HOSPITAL 2333 BIDDLE AVE WYANDOTTE, MI 48192 38-2791823	HEALTHCARE SERVICE PROVIDER	MI	501(C)(3)	3	N/A	Yes	
(3) HENRY FORD HEALTH SYSTEM FOUNDATION ONE FORD PLACE DETROIT, MI 48202 23-7383042	SUPPORTING ORGANIZATION	MI	501(C)(3)	11A-TYPE 1	N/A	Yes	
(4) HEALTH ALLIANCE PLAN 2850 W GRAND BLVD DETROIT, MI 48202 38-2242827	HEALTH MEDICAL ORGANIZATION	MI	501(C)(4)	N/A	N/A	Yes	
(5) HFHS SELF FUNDED LIABILITY ONE FORD PLACE DETROIT, MI 48202 38-6553031	MALPRACTICE INSURANCE	MI	501(C)(4)	N/A	N/A	Yes	
(6) DOWNRIVER CENTER FOR ONCOLOGY ONE FORD PLACE DETROIT, MI 48202 38-3193008	HEALTHCARE SERVICE PROVIDER	MI	501(C)(3)	3	N/A	Yes	
(7) HENRY FORD CONTINUING CARE ONE FORD PLACE DETROIT, MI 48202 38-2433285	NURSING HOMES	MI	501(C)(3)	9	N/A	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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) NORTHWEST DETROIT DIALYSIS 30100 TELEGRAPH BINGHAM FARMS, MI 48025 38-3232668	OPERATE DIALYSIS CLINIC	MI	N/A	RELATED	1,784,432	6,336,351		No		Yes		56 250 %
(2) DIALYSIS PARTNERS OF NW OHIO 30100 TELEGRAPH BINGHAM FARMS, MI 48025 34-1877956	OPERATE DIALYSIS CLINIC	OH	N/A	RELATED	733,874	2,425,592		No		Yes		57 000 %
(3) MACOMB REGIONAL DIALYSIS CENTERS 16151 NINETEEN MILE ROAD CLINTON TOWNSHIP, MI 48038 26-0423581	OPERATE DIALYSIS CLINIC	MI	N/A	RELATED	252,926	541,870		No		Yes		60 000 %

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

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

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

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

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

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

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

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	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 38-1357020
Name: HENRY FORD HEALTH SYSTEM

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
HENRY FORD MACOMB HOSPITAL CORPORATION ONE FORD PLACE DETROIT, MI 48202 38-2947657	HEALTHCARE SERVICE PROVIDER	DE	501(C)(3)	3	N/A	Yes	
HENRY FORD WYANDOTTE HOSPITAL 2333 BIDDLE AVE WYANDOTTE, MI 48192 38-2791823	HEALTHCARE SERVICE PROVIDER	MI	501(C)(3)	3	N/A	Yes	
HENRY FORD HEALTH SYSTEM FOUNDATION ONE FORD PLACE DETROIT, MI 48202 23-7383042	SUPPORTING ORGANIZATION	MI	501(C)(3)	11A-TYPE 1	N/A	Yes	
HEALTH ALLIANCE PLAN 2850 W GRAND BLVD DETROIT, MI 48202 38-2242827	HEALTH MEDICAL ORGANIZATION	MI	501(C)(4)	N/A	N/A	Yes	
HFHS SELF FUNDED LIABILITY ONE FORD PLACE DETROIT, MI 48202 38-6553031	MALPRACTICE INSURANCE	MI	501(C)(4)	N/A	N/A	Yes	
DOWNRIVER CENTER FOR ONCOLOGY ONE FORD PLACE DETROIT, MI 48202 38-3193008	HEALTHCARE SERVICE PROVIDER	MI	501(C)(3)	3	N/A	Yes	
HENRY FORD CONTINUING CARE ONE FORD PLACE DETROIT, MI 48202 38-2433285	NURSING HOMES	MI	501(C)(3)	9	N/A	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
FAIRLANE HEALTH SERVICES 30100 TELEGRAPH BINGHAM FARMS, MI 48025 38-2565235	HEALTHCARE MANAGEMENT	MI	N/A	C	256	718,353	100 000 %
SHA REALTY INC ONE FORD PLACE DETROIT, MI 48202 38-1378121	REAL ESTATE HOLDING	MI	N/A	C	546,879	1,663,478	100 000 %
ALLIANCE HEALTH AND LIFE INSURANCE 2850 W GRAND BLVD DETROIT, MI 48202 38-3291563	HEALTH INSURANCE PROVIDER	MI	HEALTH ALLIANCE PLAN	C			
HAP PREFERRED INC 2850 W GRAND BLVD DETROIT, MI 48202 38-2513504	PROVIDER NETWORK LEASING	MI	HEALTH ALLIANCE PLAN	C			
HORIZON PROPERTIES INC ONE FORD PLACE DETROIT, MI 48202 38-2679527	REAL ESTATE - LESSOR BUILDINGS	MI	HENRY FORD MACOMB HOSPITAL CORPORATION	C			
FIRST OPTOMETRY EYE CARE CENTERS INC 655 W 13 MILE RD MADISON HEIGHTS, MI 48071 38-2299059	FRANCHISING EYE CARE CENTERS	MI	P-COR LLC	C			100 000 %
FIRST OPTOMETRY VISION PLANS INC 655 W 13 MILE RD MADISON HEIGHTS, MI 48071 38-2594841	VISION CARE PLANS	MI	P-COR LLC	C			100 000 %
ONIKA INSURANCE LTD FIRST CARRIBEAN HOUSE GRAND CAYMAN CJ	CAPTIVE INSURANCE	CJ	N/A	C	7,971,506	107,862,217	100 000 %
HENRY FORD PHYSICIAN NETWORK ONE FORD PLACE DETROIT, MI 48202 32-0306774	PHYSICIAN NETWORK	MI	N/A	C		850,513	100 000 %
ADMINISTRATION SYSTEMS RESEARCH CORPORATION 2850 W GRAND BLVD DETROIT, MI 48202 38-2651185	THIRD PARTY INSURANCE ADMINISTRATOR	MI	HEALTH ALLIANCE PLAN	C			
MIDWEST HEALTH PLAN 4700 SHAEFER ROAD SUITE 340 DEARBORN, MI 48126 38-3123777	HEALTH INSURANCE PROVIDER	MI	HEALTH ALLIANCE PLAN	C			

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	HEALTH ALLIANCE PLAN	K	555,684,560	CASH VALUE
(2)	HENRY FORD WYANDOTTE HOSPITAL	P	188,555,347	CASH VALUE
(3)	HENRY FORD MACOMB HOSPITAL CORPORATION	P	345,004,956	CASH VALUE
(4)	HEALTH ALLIANCE PLAN	L	121,959,619	CASH VALUE
(5)	HEALTH ALLIANCE PLAN	D	50,000,000	CASH VALUE
(6)	HENRY FORD HEALTH SYSTEM FOUNDATION	C	11,025,000	CASH VALUE
(7)	HFHS SELF FUNDED LIABILITY	O	10,330,000	CASH VALUE
(8)	ONIKA INSURNACE LTD	O	8,450,000	CASH VALUE
(9)	DOWNRIVER CENTER FOR ONCOLOGY	N	3,513,867	CASH VALUE
(10)	HENRY FORD CONTINUING CARE	P	8,796,973	CASH VALUE
(11)	HEALTH ALLIANCE PLAN	P	6,604,013	CASH VALUE
(12)	P-COR LLC	P	29,490,856	CASH VALUE
(13)	NORTHWEST DETROIT DIALYSIS	N	6,168,175	CASH VALUE
(14)	GAM RENAL LTD (DIALYSIS PARTNERS OF NW OHIO)	N	3,426,960	CASH VALUE
(15)	MACOMB REGIONAL DIALYSIS CENTERS	N	1,549,208	CASH VALUE
(16)	NORTHWEST DETROIT DIALYSIS	R	1,352,000	CASH VALUE
(17)	GAM RENAL LTD (DIALYSIS PARTNERS OF NW OHIO)	R	572,000	CASH VALUE
(18)	MACOMB REGIONAL DIALYSIS CENTERS	R	210,000	CASH VALUE
(19)	HENRY FORD HEALTH SYSTEM FOUNDATION	Q	117,675	CASH VALUE
(20)	HFHS SELF FUNDED LIABILITY	P	3,261,280	CASH VALUE

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(21)	ONIKA INSURNACE LTD	P	1,839,937	CASH VALUE
(22)	SHA REALTY INC	O	179,984	CASH VALUE
(23)	NEIGHBORHOOD DEVELOPMENT LLC	O	87,939	CASH VALUE
(24)	HEALTH ALLIANCE PLAN	O	49,872,537	CASH VALUE
(25)	HENRY FORD WYANDOTTE HOSPITAL	P	15,434,628	CASH VALUE
(26)	HENRY FORD MACOMB HOSPITAL CORPORATION	P	24,728,135	CASH VALUE
(27)	HENRY FORD CONTINUING CARE	P	2,441,238	CASH VALUE
(28)	HEALTH ALLIANCE PLAN	P	7,268,536	CASH VALUE
(29)	HENRY FORD PHYSICIAN NETWORK	B	3,428,154	FMV

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TY 2011 Affiliated Group Schedule

Name: HENRY FORD HEALTH SYSTEM
EIN: 38-1357020

Affiliated Group Business Name:	HENRY FORD WYANDOTTE HOSPITAL
Address. Either US or Foreign Type:	2333 BIDDLE AVE WYANDOTTE, MI 48192
EIN:	38-2791823
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	291,227,131
Total Exempt Purpose Expenditures:	291,227,131
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	HENRY FORD CONTINUING CARE CORPORATION
Address. Either US or Foreign Type:	ONE FORD PLACE DETROIT, MI 48202
EIN:	38-2433285
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	23,889,900
Total Exempt Purpose Expenditures:	23,889,900
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	HENRY FORD HEALTH SYSTEM FOUNDATION
Address. Either US or Foreign Type:	ONE FORD PLACE DETROIT, MI 48202
EIN:	23-7383042
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	18,123,471
Total Exempt Purpose Expenditures:	18,123,471
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	DOWNRIVER CANCER CENTER
Address. Either US or Foreign Type:	ONE FORD PLACE DETROIT, MI 48202
EIN:	38-3193008
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	4,471,306
Total Exempt Purpose Expenditures:	4,471,306
Lobbying Nontaxable Amount:	373,565
Grassroots Nontaxable Amount:	93,391
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	HENRY FORD MACOMB HOSPITAL CORPORATION
Address. Either US or Foreign Type:	ONE FORD PLACE DETROIT, MI 48202
EIN:	38-2947657
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	531,990,617
Total Exempt Purpose Expenditures:	531,990,617
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

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TY 2011 Earnings and Profits Other Adjustments Statement

Name: HENRY FORD HEALTH SYSTEM

EIN: 38-1357020

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	215,047
DECREASE IN UNEARNED RESERVES	-212,919
NON-INSURANCE ELIMINATION	4,028,134

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TY 2011 Itemized Other Current Liabilities Schedule

Name: HENRY FORD HEALTH SYSTEM

EIN: 38-1357020

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
ONIKA INSURANCE COMPANY LTD		UNEARNED INSURANCE PREMIUMS	8,394,987	6,750,538

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TY 2011 Itemized Other Current Assets Schedule

Name: HENRY FORD HEALTH SYSTEM

EIN: 38-1357020

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
ONIKA INSURANCE COMPANY LTD		LOSSES RECOVERABLE FROM REINSURERS	8,626,240	9,370,570
		PREPAID REINSURANCE PREMIUMS	3,149,692	2,569,836
		INTEREST RECEIVABLE	262,299	202,248
		PREPAID EXPENSES	110,952	113,565

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TY 2011 Other Deductions Schedule

Name: HENRY FORD HEALTH SYSTEM

EIN: 38-1357020

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
ADMINISTRATIVE EXPENSES		452,490

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TY 2011 Itemized Other Investments Schedule

Name: HENRY FORD HEALTH SYSTEM

EIN: 38-1357020

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
ONIKA INSURANCE COMPANY LTD		INVESTMENTS	75,599,509	79,271,941
		RECEIVABLE FOR INVESTMENTS SOLD	149,184	1,619,723

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TY 2011 Itemized Other Liabilities Schedule

Name: HENRY FORD HEALTH SYSTEM

EIN: 38-1357020

TY 2011 Itemized Other Liabilities Schedule

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
ONIKA INSURANCE COMPANY LTD		OUTSTANDING LOSSES AND ADJUSTMENTS	95,523,080	99,774,233
		PAYABLE FOR INVESTMENTS PURCHASED	608,708	1,036,621

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TY 2011 Other Income Statement

Name: HENRY FORD HEALTH SYSTEM

EIN: 38-1357020

Description	Foreign Amount	Amount
CHANGE IN UNREALIZED LOSS/GAIN		-215,047

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2011 Functional Currency and Exchange Rate QBU Statement

Name: HENRY FORD HEALTH SYSTEM

EIN: 38-1357020

QBU Id	Country of Operation	Functional Currency
USD		0.00000

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2011 Functional Currency and Exchange Rate QBU Statement

Name: HENRY FORD HEALTH SYSTEM

EIN: 38-1357020

QBU Id	Country of Operation	Functional Currency
USD		0.00000

Consolidated Financial Statements as of and for the
Years Ended December 31, 2011 and 2010,
Supplemental Schedules as of and for the
Year Ended December 31, 2011, and
Independent Auditors' Reports

TABLE OF CONTENTS

Deloitte

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INDEPENDENT AUDITORS' REPORT

To the Audit Committee of the Board of Trustees
Henry Ford Health System
Detroit, Michigan

We have audited the accompanying consolidated balance sheets of Henry Ford Health System and Affiliates (the "System") as of December 31, 2011 and 2010, and the related consolidated statements of operations and changes in net assets and of cash flows for the years then ended. These consolidated financial statements are the responsibility of the System's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the System's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, such consolidated financial statements present fairly, in all material respects, the financial position of the System as of December 31, 2011 and 2010, and the results of its operations and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating schedules on pages 37-39 are presented for the purpose of additional analysis of the consolidated financial statements rather than to present the financial position, results of operations, and cash flows of the individual companies, and are not a required part of the consolidated financial statements. These schedules are the responsibility of the System's management and were derived from and relate directly to the underlying accounting and other records used to prepare the financial statements. Such schedules have been subjected to the auditing procedures applied in our audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such schedules directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, such schedules are fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Deloitte & Touche LLP

March 26, 2012

CONSOLIDATED BALANCE SHEETS
AS OF DECEMBER 31, 2011 AND 2010
(In thousands)

ASSETS	2011	2010
CURRENT ASSETS		
Cash and cash equivalents	$ 344,078	$ 369,553
Short-term investments	14,261	8,914
Patient care receivables — net of allowance for doubtful accounts of $248,166 and $235,533 in 2011 and 2010, respectively	195,592	153,910
Health care premium receivables	50,479	32,865
Due from third-party payors	31,875	59,087
Other current assets	120,370	115,892
Current portion of assets limited as to use	23,106	25,173
Total current assets	779,761	765,394
LONG-TERM INVESTMENTS	460,767	333,427
ASSETS LIMITED AS TO USE	799,879	857,801
JOINT VENTURE INVESTMENTS	5,683	5,503
INTANGIBLE AND OTHER ASSETS — Net of accumulated amortization of $4,040 in 2011 and $2,668 in 2010	68,914	11,464
GOODWILL — Net of accumulated amortization of $31,619 in 2011 and 2010	26,031	8,143
PROPERTY, PLANT, AND EQUIPMENT — Net	1,161,952	1,213,327
TOTAL	$3,302,987	$3,195,059

LIABILITIES AND NET ASSETS	2011	2010
CURRENT LIABILITIES		
Short-term borrowings	$ 50,000	$ -
Accounts payable	123,962	130,570
Medical claims liability	162,289	117,767
Other liabilities and accrued expenses	246,044	202,259
Current portion of long-term obligations	13,004	12,457
Contingent current portion of long-term obligations	21,034	21,214
Current portion of capital lease payable	1,784	
Current portion of malpractice and general liability	15,694	17,360
Total current liabilities	633,811	501,627
MALPRACTICE AND GENERAL LIABILITY	136,818	140,675
DEFERRED COMPENSATION, POSTRETIREMENT, AND OTHER LIABILITIES	340,152	317,700
LONG-TERM OBLIGATIONS	827,923	841,482
LONG-TERM CAPITAL LEASE PAYABLE	4,187	
Total liabilities	1,942,891	1,801,484
NET ASSETS		
Unrestricted		
Henry Ford Health System	1,143,306	1,182,784
Noncontrolling interests	8,211	3,825
Total unrestricted	1,151,517	1,186,609
Temporarily restricted	122,910	119,803
Permanently restricted	85,669	87,163
Total net assets	1,360,096	1,393,575
TOTAL	$3,302,987	$3,195,059

See notes to consolidated financial statements

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010
(In thousands)

	2011	2010
UNRESTRICTED REVENUE		
Net patient service revenue	$2,213,397	$2,155,893
Health care premiums	1,828,938	1,726,628
Investment income	26,460	64,886
Other income	155,682	136,278
Total unrestricted revenue	4,224,477	4,083,685
EXPENSES		
Salaries, wages, and employee benefits	1,640,765	1,568,133
Health care provider expense	1,007,251	978,532
Supplies	501,576	506,993
Depreciation and amortization	149,162	138,366
General and other administrative	238,941	200,542
Other contracted services	285,691	254,237
Provision for uncompensated services	162,011	177,746
Malpractice	18,142	32,067
Plant operations	47,264	45,920
Interest expense	36,878	34,940
Repairs and maintenance	53,776	51,108
Rent	36,518	32,520
Total expenses	4,177,975	4,021,104
EXCESS OF REVENUE OVER EXPENSES BEFORE UNUSUAL ITEMS	46,502	62,581
UNUSUAL ITEMS		
Impairment charges (Note 1)	(23,271)	
FICA refund (Note 1)		18,258
Pension curtailment (Note 12)		(18,965)
Total unusual items	(23,271)	(707)
EXCESS OF REVENUE OVER EXPENSES FROM CONSOLIDATED OPERATIONS	23,231	61,874
LESS EXCESS OF REVENUE OVER EXPENSES ATTRIBUTABLE TO NONCONTROLLING INTEREST	1,721	1,783
EXCESS OF REVENUE OVER EXPENSES ATTRIBUTABLE TO HENRY FORD HEALTH SYSTEM	21,510	60,091

(Continued)

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010
(In thousands)

	2011	2010
UNRESTRICTED NET ASSETS		
Excess of revenue over expenses from consolidated operations	$ 23,231	$ 61,874
Change in net unrealized losses and gains on investments	(12,967)	15,833
Net assets released from restrictions for capital	7,286	6,896
Purchase of noncontrolling interests	4,280	
Distributions to noncontrolling interests	(1,616)	(1,910)
Pension and other postretirement net adjustments	(55,306)	68,591
(Decrease) increase in unrestricted net assets	(35,092)	151,284
TEMPORARILY RESTRICTED NET ASSETS		
Income on restricted investments	892	1,651
Contributions and grants	39,312	41,227
Change in net unrealized losses and gains on investments	(3,574)	2,748
Net assets released from restrictions for operations	(30,535)	(26,934)
Net assets released from restrictions for capital	(7,286)	(6,896)
Annual spending appropriation	4,298	4,269
Increase in temporarily restricted net assets	3,107	16,065
PERMANENTLY RESTRICTED NET ASSETS		
Income on restricted investments	1,909	6,935
Contributions and other	895	99
Annual spending appropriation	(4,298)	(4,269)
(Decrease) increase in permanently restricted net assets	(1,494)	2,765
TOTAL (DECREASE) INCREASE IN NET ASSETS	(33,479)	170,114
TOTAL NET ASSETS — Beginning of year	1,393,575	1,223,461
TOTAL NET ASSETS — End of year	$ 1,360,096	$ 1,393,575

See notes to consolidated financial statements (Concluded)

CONSOLIDATED STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010
(In thousands)

	2011	2010
CASH FLOWS FROM OPERATING ACTIVITIES		
(Decrease) increase in net assets	$ (33 479)	$ 170 114
Adjustments to reconcile (decrease) increase in net assets to net cash provided by operating activities		
Depreciation and amortization	149 162	138 366
Provision for uncompensated services	162 011	177 746
Impairment charges	23 271	
Pension curtailment		18 965
Pension and other postretirement net adjustments	55 306	(68 591)
Gain on sale of disposal of assets	(211)	(221)
Income on restricted investments	(2 801)	(8 586)
Restricted contributions and grants	(40 207)	(41 326)
Net realized and unrealized gains on investments other than trading securities	7 714	(44 029)
Purchase of noncontrolling interests	(4 280)	
Distributions to noncontrolling interests	1 616	1 910
Change in assets and liabilities		
Patient and health care premium receivables	(218 330)	(223 071)
Other current assets	176	(11 805)
Trading securities	(3 147)	(22 108)
Joint venture investments	(180)	443
Other assets	(1 150)	(22)
Accounts payable	(11 379)	(5 627)
Other liabilities	2 350	40 272
Due to from third-party payors	27 212	6 913
Medical claims liability	13 498	10 220
Malpractice and general liability	(5 523)	6 011
Net cash provided by operating activities	121 629	145 574
CASH FLOWS FROM INVESTING ACTIVITIES		
Additions to property	(109 709)	(118 638)
Proceeds from the sale or maturity of investments	1 155 812	1 116 780
Purchase of investments	(1 234 120)	(1 154 788)
Cash paid for purchase of affiliates net of cash acquired	1 042	
Net cash used in investing activities	(186 975)	(156 646)
CASH FLOWS FROM FINANCING ACTIVITIES		
Proceeds from long-term obligations		4 400
Proceeds from short-term borrowings	50 000	
Dividend paid to prior owners of affiliate	(35 000)	
Payments of long-term obligations	(12 701)	(11 749)
Payments of capital lease payable	(3 820)	
Distributions to noncontrolling interests	(1 616)	(1 910)
Income on restricted investments	2 801	8 586
Restricted contributions and grants	40 207	41 326
Net cash provided by financing activities	39 871	40 653
(DECREASE) INCREASE IN CASH AND CASH EQUIVALENTS	$ (25 475)	$ 29 581
CASH AND CASH EQUIVALENTS — January 1	369 553	339 972
CASH AND CASH EQUIVALENTS — December 31	$ 344 078	$ 369 553
SUPPLEMENTAL DISCLOSURES OF CASH FLOW INFORMATION		
Cash paid during the year for interest including amounts capitalized of $1 668 and $3 254 in 2011 and 2010 respectively	$ 38 440	$ 38 957
Amounts accrued in property plant and equipment — net	$ 3 028	$ 5 199
Acquisition of assets through capital leases	$ 9 791	$ -
Unsettled investment trades	$ 13 530	$ 6 243
Unsettled investment purchases	$ (18 159)	$ (14 731)
Cash paid for taxes	$ 4 073	$ 2 459
Acquisition costs accrued in other liabilities and accrued expenses	$ 5 030	$ -

See notes to consolidated financial statements

1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The Organization — Henry Ford Health System (the "Corporation") and its affiliates (collectively known as the "System") constitute a comprehensive health care system offering health care to the people of southeastern Michigan The System provides medical, surgical, psychiatric, and rehabilitative services in an inpatient and outpatient setting, conducts research activities, and engages in the education and training of residents, nurses, and technicians The System includes one of the nation's largest employed physician group practices and a health maintenance organization (HMO)

The Corporation is a Michigan not-for-profit corporation, which operates Henry Ford Hospital and is the parent and sole member or shareholder of Downriver Cancer Center d b a Downriver Center for Oncology (DCO), Wyandotte Hospital and Medical Center d b a Henry Ford Wyandotte Hospital ("Wyandotte"), Henry Ford Macomb Hospital Corporation ("Macomb"), Health Alliance Plan of Michigan (HAP), Henry Ford Continuing Care Corporation ("Continuing Care"), Fairlane Health Services Corporation ("Fairlane"), Alliance Health and Life Insurance Company ("Alliance"), Physicians Care Health Management L L C (PCHM), Midwest Health Plan, Inc (MHP), Henry Ford Physician Network (HFPN), P-Cor, L L C d b a OptimEyes, Onika Insurance Company Ltd ("Onika"), and the Henry Ford Health System Foundation (the "Foundation") HAP has a majority ownership interest in Administration System Research Corporation (ASR) Joint ventures include the following Dialysis Partners of Northwest Ohio (57% ownership), Northwest Detroit Dialysis Centers (56 25% ownership), and Macomb Regional Dialysis Centers, L L C (60% ownership), which are consolidated

On March 24, 2010, HFPN was established as a Michigan not-for-profit membership corporation The Corporation is the parent and sole member

On April 1, 2010, Detroit Osteopathic Hospital Corporation d b a Henry Ford Macomb Hospital Corporation — Warren Campus, formerly d b a Horizon Health System, was merged into Macomb

On June 17, 2011, HAP acquired 67% ownership in ASR, a licensed third-party administrator providing claims processing for employer groups This transaction was accounted for as a purchase

On June 17, 2011, HAP acquired 100% ownership in PCHM, which provides utilization management services to employer groups This transaction was accounted for as a purchase

On November 1, 2011, HAP acquired 100% ownership in MHP, a licensed HMO which provides health care services to Medicaid and Medicare enrollees This transaction was accounted for as a purchase

Basis of Presentation — The consolidated financial statements include the accounts of the System members as described above The accounting and reporting policies of the System conform to accounting principles generally accepted in the United States of America ("generally accepted accounting principles") All intercompany transactions have been eliminated The preparation of consolidated financial statements in conformity with generally accepted accounting principles requires that management make estimates and assumptions that affect the reported amounts Actual results could differ from those estimates

The Corporation, DCO, Wyandotte, Macomb, HAP (excluding its subsidiaries Alliance, PCHM, MHP, and ASR), and Continuing Care are members of the Henry Ford Health System Obligated Group ("Obligated Group") The consolidating balance sheet information and consolidating statement of operations and changes in net assets — unrestricted information as of and for the year ended December 31, 2011, are presented for the purposes of additional information of the Obligated Group The Obligated Group information excludes the effects of wholly owned consolidating subsidiaries controlled by members of the Obligated Group and the effect of recording the beneficial interest in the net assets held by affiliated entities on behalf of members of the Obligated Group

Patient Services — Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, public programs, or others It is the System's policy to bill for, and pursue collection of, services rendered At the point in time that a charge is believed to be uncollectible, the related receivable is written off Annual provisions are made for estimated uncompensated services Estimates of retroactive adjustments under reimbursement agreements with third-party payors are accrued in the period the related services are rendered and adjusted in future periods as final settlements are received

Health Care Premiums — Premiums received in advance of the respective period of coverage are credited to income ratably over the period of coverage A significant portion of HAP's customer base is concentrated in companies that are part of the automotive manufacturing industry HAP also has a significant portion of its customer base concentrated in Medicare beneficiaries

Contributions — Unrestricted contributions are included in the consolidated statements of operations and changes in net assets when received Gifts of cash and other assets are reported as restricted contributions if they are received with donor stipulations that limit the use of the assets When the restrictions expire or the purpose of the restriction is accomplished, temporarily restricted assets are reclassified to unrestricted net assets and reported in the consolidated statements of operations and changes in net assets as other income

Other Income — Other income consists of assets released from restrictions, income from grants, gift shop and cafeteria sales, parking garage fees, and other miscellaneous sources

Performance Indicator — The consolidated statements of operations and changes in net assets include the excess of revenue over expenses from consolidated operations Changes in unrestricted net assets, which are excluded from the excess of revenue over expenses from consolidated operations, consistent with industry practice, include change in net unrealized gains and losses on investments, net assets released from restrictions for capital, purchase of noncontrolling interests, distributions to noncontrolling interests, and pension and other postretirement net adjustments Certain income and expenses that are included in the performance indicator are separately presented as unusual items

Cash and Cash Equivalents — Cash and cash equivalents consist of cash and highly liquid short-term investments (i e , money market funds) with an original maturity of 90 days or less Cash equivalents are stated at fair value, which approximates cost

Short-Term Investments — Short-term investments consist primarily of fixed income instruments with original maturities greater than 90 days and less than one year Short-term investments are stated at fair value, which approximates cost

Other Current Assets — Other current assets include inventories, which are stated at the lower of cost (first-in, first-out) or market

On March 2, 2010, the Internal Revenue Service issued an administrative determination to accept the position that medical residents are exempt from FICA taxes, based on the student exception, for tax periods ending before April 1, 2005 As a result, during the fourth quarter of 2010, the System recorded a receivable of $18,258,000 representing the System's share of FICA taxes paid for medical residents from January 1, 1996 through March 31, 2005

Investments and Assets Limited as to Use — Investments in equity securities with readily determinable fair values and investments in debt securities are measured at fair value in the consolidated balance sheets Investment income or loss (including realized gains and losses on investments, interest, and dividends) is included in the excess of revenue over expenses, unless the income or loss is restricted by donor or law Unrealized gains and losses on investments are excluded from the excess of revenue over expenses, unless the investments are trading securities or related to other-than-temporary impairment changes Hedge funds and private equities are accounted for on the cost basis Other investments structured as limited liability corporations and partnerships are accounted for on the equity method Commingled funds that hold securities directly are stated at fair value Net realized gains and losses on sales of securities are computed on the specific-identification method Declines in value judged to be other-than-temporary are included in investment income or income on restricted investments

Assets limited as to use are reported at their estimated fair value or cost and include resources for which the Board of Trustees of the System has designated specific future uses, donor-restricted funds that arise through specific contributions to the System and the Foundation, and funds held by the State of Michigan under the bond indenture agreements The dollar amount of these assets, which are to be used to satisfy current liabilities, has been classified as a current asset

The System continually reviews investments for impairment conditions that indicate that an other-than-temporary decline in market value has occurred In conducting this review, numerous factors are considered which, individually or in combination, indicate that a decline is other than temporary and that a reduction of the carrying value is required For debt securities, these factors include the intent to sell the security and whether the System will more likely than not sell the security before its anticipated recovery For equity securities, these factors include the length of time and extent to which the market value is below the cost basis of the investment, the financial condition and near-term prospects of the individual security, and the ability and intent of the System to retain the investment for a period of time sufficient to allow for any anticipated recovery in the market value

Investment Risks — Investment securities are exposed to various risks, such as interest rate, market, and credit Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in values in the near term could materially affect the amounts reported in the accompanying consolidated financial statements

Fair Value of Financial Instruments — Fair value of financial instruments has been determined using available information and appropriate valuation methodologies The fair value of assets is based on quoted market prices, dealer quotes, and prices obtained from independent sources The fair value of liabilities is based on a discounted cash flows analysis, using interest rates currently available for the issuance of debt with similar terms and remaining maturities Considerable judgment is required in certain circumstances to develop the estimates of fair value, and they may not be indicative of the amounts, which could be realized in a current market exchange

Derivative Financial Instruments — The System periodically utilizes various financial instruments (e g , options and swaps) to limit interest rate risk and guarantee income The System's policies generally prohibit trading in derivative financial instruments on a leveraged basis

Intangible and Other Assets — Intangible and other assets for the years ended December 31, 2011 and 2010, consisted of the following (in thousands)

December 31, 2011	Carrying Amount	Accumulated Amortization	Net Book Value	Useful Life
Definite-lived intangible assets				
Customer relationships	$45,890	$ 611	$45,279	13 - 17
Trademarks	2,050	23	2,027	2 - 25
Noncompete agreement	2,720	91	2,629	5
Provider relations	5,394	231	5,163	10
Bond issuance costs	11,267	3,084	8,183	30 - 40
Other	5,633		5,633	
Total	$72,954	$4,040	$68,914	

December 31, 2010	Carrying Amount	Accumulated Amortization	Net Book Value	Useful Life
Bond issuance costs	$11,267	$2,668	$ 8,599	30 - 40
Other	2,865		2,865	
Total	$14,132	$2,668	$11,464	

Amortization expense on intangible assets was $956,000 and $0 for the years ended December 31, 2011 and 2010, respectively

Estimated amortization expense on intangible assets for the next five years and thereafter is as follows $3,986,000 in 2012, $3,976,000 in 2013, $3,976,000 in 2014, $3,976,000 in 2015, $3,885,000 in 2016, and $35,299,000 thereafter

Goodwill — The System reviews goodwill annually for impairment in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 350, *Intangibles — Goodwill and Other* Impairments, if any, are charged to earnings This evaluation is based on the projected, discounted cash flows generated by the related assets Goodwill was tested for impairment on September 30, 2011, with no impairment considered necessary

The following table presents information on changes in the carrying amounts of goodwill as of December 31, 2011 and 2010 (in thousands)

	2011	2010
Balance — January 1	$ 8,143	$8,143
Goodwill acquired during the year		
MHP	12,860	
ASR	4,284	
PCHM	744	
Balance — December 31	$26,031	$8,143

Impairment — The System periodically evaluates the carrying value of its long-lived assets for impairment This evaluation is based principally on the projected, undiscounted cash flows generated by the related assets

During 2011, the System began implementation of an integrated clinical and revenue software application This resulted in a reduction in the remaining useful life of the current electronic medical record system and additional depreciation expense of $3,145,000 was recorded in 2011 In addition, certain applications were evaluated for impairment at December 31, 2011, which resulted in an impairment charge of $4,394,000

Also during 2011, the System completed a review of the Macomb Warren Campus resulting in the announcement on January 17, 2012, of the closure, effective March 31, 2012 The carrying value of the Warren hospital building and equipment was evaluated for impairment resulting in an impairment charge of $18,877,000 recorded at December 31, 2011

Property, Plant, and Equipment — Property, plant, and equipment, which includes capitalized internal-use software, is recorded at cost or fair market value at the date of acquisition Depreciation is provided on the straight-line method over the estimated useful lives of the assets Estimated useful lives used in computing depreciation are generally 10 years for land improvements, 15 to 40 years for buildings and building improvements, and 3 to 15 years for equipment

Expenditures for maintenance and repairs are charged against operations Expenditures for betterment and major renewals that extend the useful life of an asset are capitalized and depreciated

Medical Claims Liability — Medical claims liability consists of unpaid medical claims and other obligations resulting from the provision of health care services It includes medical service claims reported as of the consolidated balance sheets date and estimates, based upon historical claims experience, for claims incurred but not reported

Deferred Compensation — Certain employees of the System participate in deferred compensation plans The System has chosen to fund this liability using mutual funds and annuity or insurance contracts solely owned by the System Thus, these amounts are subject to the claims of the System's general creditors

Asset Retirement Obligation — The fair value of a liability for legal obligations associated with asset retirements is recorded in the period in which it is incurred, in accordance with ASC Topic 410-20, *Asset Retirement and Environmental Obligations — Asset Retirement Obligations* When the liability is initially recorded, the cost of the asset retirement obligation is capitalized by increasing the carrying amount of the related long-lived asset Over time, the liability is accreted to its present value each period, and the capitalized cost associated with the retirement obligation is depreciated over the useful life of the related asset Upon settlement of the obligation, any difference between the cost to settle the asset retirement obligation and the liability recorded is recognized as a gain or loss in the consolidated statements of operations and changes in net assets

A reconciliation of the asset retirement obligations, included in deferred compensation, postretirement, and other liabilities, as of December 31 is as follows (in thousands)

	2011	2010
Asset retirement obligation — beginning of year	$7,521	$8,138
Accretion	1	4
Liabilities incurred	243	
Liabilities settled	(371)	(621)
Asset retirement obligation — end of year	$7,394	$7,521

Tax Status — The System, except for HAP, Fairlane, Alliance, PCHM, MHP, ASR, HFPN, and Onika, consists of entities described under Internal Revenue Service Code Section 501(c)(3) and, as such, are exempt from federal income taxes under Internal Revenue Code Section 501(a) and do not have private foundation status under Internal Revenue Code Section 509(a)(1) or 509(a)(3) HAP is an entity described under Internal Revenue Code Section 501(c)(4) and, as such, is exempt from federal income taxes Fairlane, Alliance, PCHM, MHP, ASR, and HFPN are taxable entities, and approximately $3,735,000 in related tax expense is recorded in general and administrative expense The System's wholly owned insurance captive, Onika, operates in the Cayman Islands and is currently not subject to income taxes The System does not have any material uncertain tax positions as of December 31, 2011 and 2010

Adoption of New Accounting Standards — In January 2010, the FASB issued Accounting Standards Update (ASU) 2010-06 (Topic 820), *Fair Value Measurements and Disclosures* This statement requires that the reporting entity disclose separately the amounts of significant transfers in and out of Level 1 and Level 2 fair value measurements and describe the reasons for the transfers This section of ASU 2010-06 was effective for the System for the year ended December 31, 2010 Effective for periods after December 15, 2010, the System, under ASU 2010-06, is required to disclose separately, at gross, purchases, sales, issuances, and settlements in the roll forward activity in the Level 3 fair value measurements The adoption of ASU 2010-06 did not have a material impact on the System's consolidated financial position or results of operations

In August 2010, the FASB issued ASU 2010-23, *Health Care Entities (Topic 954), Measuring Charity Care for Disclosure*, which requires a company in the health care industry to use its direct and indirect cost of providing charity care as the measurement basis for charity care disclosures It also requires disclosure of the method used to identify or determine such costs The disclosure provisions of ASU 2010-23 were effective for the System beginning January 1, 2011, and did not have a material impact on the System's consolidated financial statements

In October 2010, the FASB issued ASU 2010-26 (Topic 944), *Financial Services — Insurance* ASU 2010-26 addresses diversity in practice regarding the interpretation of which costs relating to the acquisition of new or renewal insurance contracts qualify for deferral ASU 2010-26 is effective for the System on January 1, 2012 With early adoption being permitted, only costs associated with a successful contract acquisition, such as incremental direct costs of contract acquisition and certain costs related directly to acquisition activities performed by the insurer for the contract, including, underwriting, policy issuance and processing, medical and inspection, and sales force contract selling costs should be capitalized Most advertising and costs associated with soliciting potential customers and nondirect costs including overhead related to sales are not capitalized Insurance contracts are typically short term in nature and acquisition costs of new or renewal insurance contracts are generally expensed in the year of

acquisition or renewal The adoption of ASU 2010-26 is not expected to have a material impact on the System's consolidated financial position or results of operations

In May 2011, the FASB issued ASU 2011-04 (Topic 820), *Fair Value Measurement* The amendments in this update result in common fair value measurement and disclosure requirements in U S generally accepted accounting principles (GAAP) and International Financial Reporting Standards Consequently, the amendments change the wording used to describe many of the requirements in U S GAAP for measuring fair value and for disclosing information about fair value measurements For many of the requirements, the Board does not intend for the amendments in this update to result in a change in the application of the requirements in Topic 820 Some of the amendments clarify the Board's intent about the application of existing fair value measurement requirements Other amendments change a particular principle or requirement for measuring fair value or for disclosing information about fair value measurements This update is effective beginning January 1, 2012 The new standard is not expected to have a material impact on the System's consolidated financial position or results of operations

In July, 2011 the FASB issued ASU 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities* ASU 2011-07 requires certain health care entities to change the presentation of the statement of operations by reclassifying the provision for bad debts associated with patient service revenue from operating expenses to a deduction from patient service revenue (net of contractual allowances and discounts) Also required are additional disclosures about policies for recognizing revenue and assessing bad debts, patient service revenue (net of contractual allowance and discounts), and, qualitative and quantitative information about changes in the allowance for doubtful accounts The amendments in ASU 2011-07 are effective for the annual reporting period ending December 31, 2012 The System expects to present substantially all of its patient-related provision for bad debts as a deduction from patient service revenue and the amendments of ASU 2011-07 are not expected to have a material impact on the System's consolidated financial statements

In September 2011, the FASB issued ASU 2011-08 (Topic 350), *Intangibles — Goodwill and Other* Previous guidance under Topic 350 required an entity to test goodwill for impairment, on at least an annual basis, by comparing the fair value of a reporting unit with its carrying amount, including goodwill (step one) If the fair value of a reporting unit is less than its carrying amount, then the second step of the test must be performed to measure the amount of the impairment loss, if any Under the amendments in this update, an entity is not required to calculate the fair value of a reporting unit unless the entity determines that it is more likely than not that its fair value is less than its carrying amount, using qualitative factors, rather than quantitative factors The amendments in this update are effective for the fiscal year beginning January 1, 2012 The new standard is not expected to have a material impact on the System's consolidated financial position or results of operations

2. ACQUISITIONS

On June 17, 2011, HAP acquired 67% ownership in ASR, a licensed third-party administrator providing claims processing for employer groups The initial investment in ASR was $10,177,000, which was paid in cash This transaction was accounted for as a purchase and resulted in a $4,284,000 allocation of the purchase price to goodwill The purchase resulted in a noncontrolling interest in net assets of $4,280,000 Summarized balance sheet information for ASR at June 17, 2011, is shown below (in thousands)

Cash and investments	$2,233	Current liabilities	$2,998
Prepaid and other current assets	774	Other long-term liabilities	125
Equipment	246		
Other long-term assets	130	Total liabilities acquired	$3,123
Total assets acquired	$3,383		

Operating results have been included in the consolidated financial statements since the date of acquisition Total revenue of ASR for the period June 17, 2011 through December 31, 2011, is $6,776,000 The operating results of ASR for the period June 17, 2011 through December 31, 2011, are $562,000, which includes the noncontrolling interest results of $185,000

On June 17, 2011, HAP acquired 100% ownership in PCHM, which provides utilization management services to employer groups The initial investment in PCHM was $766,000, which was paid in cash This transaction was accounted for as a purchase and resulted in a $744,000 allocation of the purchase price to goodwill Summarized balance sheet information for PCHM at June 17, 2011, is shown below (in thousands)

Cash and investments	$ 5	Current liabilities	$ 90
Prepaid and other current assets	107		
		Total liabilities acquired	$ 90
Total assets acquired	$ 112		

Operating results have been included in the consolidated financial statements since the date of acquisition Total revenue of PCHM for the period June 17, 2011 through December 31, 2011, is $613,000 The operating results of PCHM for the period June 17, 2011 through December 31, 2011, are $15,000

On November 1, 2011, HAP acquired 100% ownership in MHP, a licensed HMO which provides health care services to Medicaid and Medicare enrollees The initial investment in MHP was $78,030,000, of which $73,000,000 was paid in cash and $5,030,000 is included in accrued expenses as a working capital adjustment This transaction was accounted for as a purchase and resulted in a $12,860,000 allocation of the purchase price to goodwill Summarized balance sheet information for MHP at November 1, 2011, is shown below (in thousands)

Cash and investments	$82,748	Dividend payable	$35,000
Prepaid and other current assets	5,224	Medical claims liability	29,579
Equipment	599	Other	6,103
Other long-term assets	1,141		
		Total liabilities acquired	$70,682
Total assets acquired	$89,712		

Operating results have been included in the consolidated financial statements since the date of acquisition Total revenue of MHP for the period November 1, 2011 through December 31, 2011, is $41,733,000 The operating results of MHP for the period November 1, 2011 through December 31, 2011, are $975,000

The supplemental pro forma total unrestricted revenue, excess of revenue over expenses before unusual items, and (decrease) increase in unrestricted net assets for the System, ASR, PCHM, and MHP combined, as if at the beginning of the year, for the years ended December 31, 2011 and 2010, were as follows (in thousands)

	2011	2010
Total unrestricted revenue	$4,451,405	$4,344,644
Excess of revenue over expenses before unusual items	$ 51,935	$ 70,873
(Decrease) increase in unrestricted net assets	$ (64,741)	$ 153,548

3. NET PATIENT SERVICE REVENUE

A substantial portion of net patient service revenue was paid primarily by Medicare, Medicaid, and Blue Cross based upon contracted rates or under cost reimbursement agreements in 2011 and 2010 Provisions for estimated retroactive adjustments under these agreements for current and prior years have been reflected in the accounts based upon the most current information available Net patient service revenue of $21,985,000 and $15,191,000 related to prior-year settlements was recorded in 2011 and 2010, respectively

During 2011, 29% of net patient service revenue was Medicare, 6% was Medicaid, 16% was Blue Cross, 9% was Medicaid HMO, 32% was managed care payors, and 8% was other

During 2010, 30% of net patient service revenue was Medicare, 6% was Medicaid, 16% was Blue Cross, 7% was Medicaid HMO, 31% was managed care payors, and 10% was other

Letters of final settlements have not been received from Medicare for 2007 through 2011, from Blue Cross for 2011, or from Medicaid for 2006 through 2011 The System is appealing various elements of Medicare final settlements dating back to 1991

4. UNCOMPENSATED CARE AND COMMUNITY BENEFIT

The System provided health care services without charge or at amounts less than its established rates to patients who meet the criteria of its charity care policy The amount of charity care provided, determined on the basis of cost, is computed using a cost to charge ratio methodology In addition to charity care, the System provided services to Medicaid and other public programs for financially needy patients, for which the payments received, were less than the cost of providing services The unpaid costs attributed to providing services under this program are considered a community benefit The System also provides community health services, such as community education and outreach in the form of free or low-cost clinics, health education, donations for the community, multiple health promotion and wellness programs, such as health screening, and various community projects and support groups

Additionally, the System demonstrates its exempt purpose to benefit the community by operating emergency rooms open to the public 24 hours a day, seven days a week, providing facilities for the

education and training of health care professionals, and maintaining research facilities for the study of new drugs and medical devices that offer the promise of improving health care

The quantifiable costs of the System's community benefit for the years ended December 31, 2011 and 2010, were as follows (in thousands)

	2011	2010
Charity care at cost	$ 57,493	$ 52,352
Unpaid cost of Medicaid and other public programs	89,258	78,453
Bad debt at estimated cost	63,905	68,895
Total cost of uncompensated care	210,656	199,700
Research	82,953	80,428
Health professional education	66,638	62,271
Community health services and building activities	16,229	16,620
Subsidized health services	9,412	8,636
Community benefit operations and financial donations	3,876	5,546
Total community benefit	$389,764	$373,201

5. INVESTMENTS AND FAIR VALUE MEASUREMENTS

The System assesses the inputs used to measure fair value using a three level hierarchy based on the extent to which inputs used in measuring fair value are observable in the market The fair value hierarchy is as follows

Level 1 — Quoted (unadjusted) prices for identical assets in active markets

Level 2 — Other observable inputs, either directly or indirectly, including

- Quoted prices for similar assets in active markets
- Quoted prices for identical or similar assets in nonactive markets (few transactions, limited information, noncurrent prices, high variability over time, etc)
- Inputs other than quoted prices that are observable for the asset (interest rates, yield curves, volatilities, default rates, etc)
- Inputs that are derived principally from or corroborated by other observable market data

Level 3 — Unobservable inputs that cannot be corroborated by observable market data

Fair values of available-for-sale and trading securities are based on quoted market prices, where available The System obtains one price for each security primarily from a third-party pricing service ("pricing service"), which generally uses Level 1 or Level 2 inputs for the determination of fair value The pricing service normally derives the security prices through recently reported trades for identical or similar securities, making adjustments through the reporting date based upon available observable market information For securities not actively traded, the pricing service may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently

observable in the markets for similar securities Inputs that are often used in the valuation methodologies include, but are not limited to, nonbinding broker quotes, benchmark yields, credit spreads, default rates, and prepayment speeds As the System is responsible for the determination of fair value, it performs quarterly analyses on the prices received from the pricing service to determine whether the prices are reasonable estimates of fair value As a result of these reviews, the System has not historically adjusted the prices obtained from the pricing service

In instances in which the inputs used to measure fair value fall into different levels of the fair value hierarchy, the fair value measurement has been determined based on the lowest-level input that is significant to the fair value measurement in its entirety The System's assessment of the significance of a particular item to the fair value measurement in its entirety requires judgment, including the consideration of inputs specific to the asset

The following table presents information about the fair value of the System's financial assets as of December 31, 2011 and 2010, according to the valuation techniques the System used to determine its fair values (in thousands)

December 31, 2011	Level 1	Level 2	Level 3	Total
Investment class				
Cash equivalents	$508,337	$ -	$ -	$ 508,337
Debt securities				
Short-term investments		14,262		14,262
Asset-backed securities		29,568		29,568
Corporate debt securities		104,966	263	105,229
Government and agency debt securities		187,797		187,797
Nonagency mortgage-backed securities		12,542		12,542
Other debt securities		12,973		12,973
Equity securities				
Collective funds — asset allocation	85,826	18,321		104,147
Collective funds — common stock	112,404	79,803		192,207
Collective funds — debt securities	113,026	195,973		308,999
Common stock	32,750			32,750
Total — investments at fair value	$852,343	$656,205	$263	$1,508,811
Pledges receivable	$ -	$ 13,689	$ -	$ 13,689
Interest rate swaps	$ -	$ (32)	$ -	$ (32)
Derivative financial instruments	$ -	$ (414)	$ -	$ (414)

December 31, 2010	Level 1	Level 2	Level 3	Total
Investment class				
Cash equivalents	$ 566,806	$ 460	$ -	$ 567,266
Debt securities				
Short-term investments		8,914		8,914
Debt securities issued by foreign governments		236		236
Corporate debt securities		89,852	656	90,508
Residential mortgage-backed securities		2,636		2,636
Commercial mortgage-backed securities		12,085		12,085
Collateralized debt obligations			124	124
Government and agency debt securities		111,175	400	111,575
Other debt securities		48,094	426	48,520
Equity securities	361,150	262,225		623,375
Total	$ 927,956	$ 535,677	$ 1,606	$ 1,465,239
Pledges receivable	$ -	$ 13,602	$ -	$ 13,602
Interest rate swap	$ -	$ (598)	$ -	$ (598)
Derivative financial instruments	$ (10)	$ (238)	$ -	$ (248)

The fair value reconciliation of the Level 3 assets for the years ended December 31, 2011 and 2010, is as follows (in thousands)

	Corporate Debt Securities	Collateralized Debt Obligations	Government and Agency Debt Securities	Other Debt Obligations	Total
Beginning balance — December 31, 2009	$ -	$ -	$ -	$ -	$ -
Net realized and unrealized gains (losses)		1		(3)	(2)
Purchases, issuances, and settlements — net	656	123	400	429	1,608
Ending balance — December 31, 2010	656	124	400	426	1,606
Transfers into Level 3	326				326
Transfers out of Level 3			(400)	(426)	(826)
Total gains or losses					
Included in excess of revenue over expenses from consolidated operations	58				58
Included in changes in net assets	(41)				(41)
Purchases, issuances, and settlements					
Sales	(392)				(392)
Settlements	(344)	(124)			(468)
Ending balance — December 31, 2011	$ 263	$ -	$ -	$ -	$ 263

The following methods and assumptions were used to estimate the fair value of each class of financial instrument

Cash Equivalents — The carrying value of cash equivalents approximates fair value as maturities are less than three months Fair values of cash equivalent instruments that do not trade on a regular basis in active markets are classified as Level 2

Debt Securities — The estimated fair values of debt securities are based on quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices Due to the nature of pricing fixed income securities, management has classified the majority of debt securities as Level 2 investments

Equity Securities — Fair value estimates for publicly traded equity securities are based on quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices Nonpublicly traded securities, primarily commingled funds, are classified as Level 2 investments The classification of equity securities also includes bonds and other fixed income instruments managed in commingled and mutual funds

Hedge Funds and Private Equities — The estimated fair values of investments in hedge funds and private equities are based on the most current financial statements issued by each fund adjusted for cash flows to and from the fund subsequent to the financial statement reporting date

Pledges Receivable — The fair value of pledges receivable has been estimated by management using the discounted cash flows method

Interest Rate Swap — Fair value of the System's interest rate swap is estimated utilizing the terms of the swap and publicly available market yield curves Because the swap is unique and is not actively traded, the fair value is classified as a Level 2 estimate The interest rate swap is recorded in deferred compensation, postretirement, and other liabilities on the consolidated balance sheets

Derivative Financial Instruments — The estimated fair values of derivative financial instruments are based on quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices Due to the nature of pricing derivative financial instruments, management has classified the majority of derivative financial instruments as Level 2 investments Derivative financial instruments are recorded in other liabilities and accrued expenses

The fair values of cash, cash equivalents, and investments as of December 31, 2011 and 2010, were as follows (in thousands)

	2011	2010
Investment class		
Cash equivalents	$ 508,337	$ 567,266
Debt securities		
Short-term investments	14,262	8,914
Asset-backed securities	29,568	
Corporate debt securities	105,229	90,508
Government and agency debt securities	187,797	111,575
Nonagency mortgage-backed securities	12,542	
Other debt securities	12,973	48,520
Debt securities issued by foreign government		236
Residential mortgage-backed securities		2,636
Commercial mortgage-backed securities		12,085
Collateralized debt obligations		124
Equity securities		
Collective funds — asset allocation	104,147	
Collective funds — common stock	192,207	
Collective funds — debt securities	308,999	
Common stock	32,750	
Other equity securities		623,375
Subtotal — investments at fair value	1,508,811	1,465,239
Pledges receivable	13,689	13,602
Subtotal — pledges receivable at fair value	13,689	13,602
Cash and cash equivalents	24,830	
Equity securities		
Collective funds — common stock	51,045	
Collective funds — debt securities	10,758	
Other equity securities		67,777
Hedge funds and private equities at cost	21,968	39,795
Other	10,990	8,455
Subtotal — investments recorded at cost or equity method	119,591	116,027
Total	$ 1,642,091	$ 1,594,868
Asset classifications		
Cash and cash equivalents	$ 344,078	$ 369,553
Short-term investments	14,261	8,914
Assets limited as to use	822,985	882,974
Long-term investments	460,767	333,427
Total	$ 1,642,091	$ 1,594,868

Included in the above table, classified under assets limited as to use, are trading securities in the amount of $236,043,000 and $232,732,000 as of December 31, 2011 and 2010, respectively The remaining investments are considered available for sale

As of December 31, 2011 and 2010, the fair value of hedge funds and private equities was $23,272,000 and $40,524,000, respectively As of December 31, 2011 and 2010, the cost of hedge funds and private equities was $21,968,000 and $39,795,000, respectively

The following summarizes the effect the derivative financial instruments had on the System's consolidated financial position (in thousands)

Description	Financial Statement Location	2011	2010
Consolidated balance sheet			
Fixed income derivatives	Other liabilities and accrued expenses	$ -	$ (10)
Other options (notional amount $8,600)	Other liabilities and accrued expenses	(2)	(238)
Swaps (notional amount $900)	Other liabilities and accrued expenses	(412)	
		$(414)	$(248)
Consolidated statement of operations and changes in net assets			
Fixed income derivatives	Change in net unrealized gains and losses on investments	$ (12)	$ 12
Other options (notional amount $8,600)	Change in net unrealized gains and losses on investments	234	(96)
Swaps (notional amount $900)	Change in net unrealized gains and losses on investments	(490)	
		$(268)	$ (84)
Fixed income derivatives	Realized gains and losses on investments	$(209)	$ -
Swaps (notional amount $900)	Realized gains and losses on investments	12	
		$(197)	$ -
Swaps (notional amount $900)	Expenses	$ (34)	$ -

The total return on the investment portfolios for the years ended December 31, 2011 and 2010, consisted of the following (in thousands)

	2011	2010
Interest and dividend income	$ 20,012	$47,785
Realized gains	9,249	25,687
Change in unrealized gains and losses	(16,541)	18,581
Total investment return	$ 12,720	$92,053

Included in the above total return on investments are $(764,000) and $8,844,000 of losses and gains on trading securities as of December 31, 2011 and 2010, respectively Also included in the above total return on investments are $4,071,000 and $4,247,000 of impairment losses deemed other than temporary for the years ended December 31, 2011 and 2010, respectively

The following summarizes information about investment securities with gross unrealized losses as of December 31, 2011 and 2010, excluding those for which other-than-temporary impairment charges have been recognized, aggregated by investment category and length of time that the individual securities have been in a continuous unrealized loss position (in thousands)

	Less than 12 Months		12 Months or More		Total	
	Fair Value	Gross Unrealized Losses	Fair Value	Gross Unrealized Losses	Fair Value	Gross Unrealized Losses
December 31, 2011						
Debt securities						
Asset-backed securities	$ 17,108	$ (153)	$ 1,502	$ (20)	$ 18,610	$ (173)
Corporate debt securities	55,424	(1,552)	15,746	(631)	71,170	(2,183)
Government and agency debt securities	26,706	(216)	5,431	(113)	32,137	(329)
Nonagency mortgage-backed securities	5,114	(55)	3,319	(92)	8,433	(147)
Other debt securities	5,435	(1,541)	2,120	(447)	7,555	(1,988)
Equity securities						
Collective funds — asset allocation	10,389	(358)			10,389	(358)
Collective funds — common stock	36,527	(2,614)	2,436	(898)	38,963	(3,512)
Collective funds — debt securities	39,465	(890)	10,102	(397)	49,567	(1,287)
	$196,168	$(7,379)	$40,656	$(2,598)	$236,824	$(9,977)
December 31, 2010						
Debt securities						
Debt securities issued by foreign governments	$ 471	$ (6)	$ -	$ -	$ 471	$ (6)
Corporate debt securities	47,000	(599)			47,000	(599)
Commercial mortgage-backed securities	11,791	(130)			11,791	(130)
Government and agency debt securities	33,815	(372)	310	(2)	34,125	(374)
Other debt securities	21,503	(143)			21,503	(143)
Equity securities	36,304	(965)	2,875	(711)	39,179	(1,676)
	$150,884	$(2,215)	$ 3,185	$ (713)	$154,069	$(2,928)

In considering whether an investment is other-than-temporarily impaired, management considers its ability and intent to hold the investment, the severity of the decline in fair value, and the duration of the impairment, among other factors Management has determined that it has the intent and ability to hold indefinitely the investments reflected in the above table and that the severity and duration of the impairment is insufficient to indicate an other-than-temporary impairment Management has determined that it does not have the intent to sell the debt securities as of the financial statement date and it is not more likely than not that it will be required to sell the security before recovery of the entire amortized cost basis of the security

The aggregate cost of the System's cost-method investments totaled $21,968,000 and $39,795,000 as of December 31, 2011 and 2010, respectively Of the total cost-method investments, the System evaluated $7,859,000 and $22,290,000 of investments for impairment as the estimated cost of the investments exceeded the fair value as of December 31, 2011 and 2010, respectively The System identified an unrealized loss of $864,000 and $1,117,000 as of December 31, 2011 and 2010, respectively The System did not identify any events or changes in circumstances that may have had a significant adverse effect on the fair value of those investments Based on the System's intent and ability to hold the investments for reasonable periods of time sufficient for forecasted recovery of fair value, the System does not consider the investments to be other-than-temporarily impaired as of December 31, 2011

The book value and fair value of bonds and notes held as of December 31, 2011, by contractual maturity, are listed below. Actual maturities may differ from contractual maturities because borrowers may have the right to call or prepay obligations with or without call or prepayment penalties.

Maturity	Book Value	Estimated Fair Value
Due in one year or less	$ 46,802	$ 46,802
Due in one year through five years	211,253	211,253
Due in five years through 10 years	43,667	43,667
Due after 10 years	60,649	60,649
Total	$362,371	$362,371

6. ASSETS LIMITED AS TO USE

Assets limited as to use as of December 31, 2011 and 2010, consisted of the following (in thousands):

	2011	2010
Unrestricted assets limited as to use		
Henry Ford Health System Foundation	$294,764	$312,669
Funds designated for malpractice and general liability	176,888	173,258
Funds designated for deferred compensation	85,162	86,433
Funds held under bond indenture agreements	23,349	36,793
HAP statutory funds	14,337	13,310
Funds board-designated for research and education	19,906	53,545
Total unrestricted assets limited as to use	614,406	676,008
Temporarily restricted assets		
Grant and pledge funds	107,249	104,295
Grants and pledges receivable	15,661	15,508
Total temporarily restricted assets	122,910	119,803
Permanently restricted assets		
Grant and pledge funds	85,141	86,734
Grants and pledges receivable	528	429
Total permanently restricted assets	85,669	87,163
Total assets limited as to use	822,985	882,974
Less requirements for current liabilities	23,106	25,173
Noncurrent assets limited as to use	$799,879	$857,801

Temporarily restricted and permanently restricted grants and pledges receivable consist of the following as of December 31, 2011 amounts expected to be collected in 2012, $6,448,000, amounts expected to be collected in 2013 through 2016, $8,153,000, amounts expected to be collected in 2017 and thereafter, $1,730,000, and unamortized discount $(142,000) All pledges are deemed collectible

Onika maintains a reserve deposit of $13,730,000 and $14,640,000 as of December 31, 2011 and 2010, respectively, under a reinsurance trust agreement and an agency agreement These amounts are included above in funds designated for malpractice and general liability The HAP statutory funds are required by regulatory requirements

7. JOINT VENTURE INVESTMENTS

The System maintains investments in six unconsolidated affiliates with ownership interests ranging from 16 7% to 50% Five are accounted for under the equity method and one is accounted for under the cost method

The income related to the investments accounted for under the equity method, included in other income, was $1,115,000 and $913,000 for 2011 and 2010, respectively

The summarized financial information for unconsolidated affiliates as of December 31, 2011 and 2010, consisted of the following (in thousands)

	2011	2010
Net revenues	$21,874	$20,131
Net income	2,221	1,847
Total assets	18,475	20,122
Net assets	11,727	11,338

8. PROPERTY, PLANT, AND EQUIPMENT

Property, plant, and equipment as of December 31, 2011 and 2010, consisted of the following (in thousands)

	2011	2010
Land and improvements	$ 70,776	$ 67,865
Building and improvements	1,291,182	1,294,585
Equipment	1,249,320	1,102,670
Construction in progress	17,717	96,230
Total	2,628,995	2,561,350
Less accumulated depreciation	1,467,043	1,348,023
Property, plant, and equipment	$1,161,952	$1,213,327

At December 31, 2011, the following assets recorded under capital leases are included above land and improvements of $614,000 with accumulated amortization of $233,000, building and improvements of $4,902,000 with accumulated amortization of $3,043,000, and equipment of $9,300,000 with accumulated amortization of $500,000

9. CREDIT AGREEMENTS

The Corporation has a credit agreement through which up to $100,000,000 may be borrowed and committed at several interest rate options The Corporation had loan advances outstanding of $1,123,000 and $1,987,000 and letters of credit commitments of $9,145,000 and $7,209,000 as of December 31, 2011 and 2010, respectively The loan advances expire in 2012 and 2013 This credit agreement was renewed on February 1, 2012, for $150,000,000 and expires on February 1, 2015

During 2010, the Corporation entered into an additional credit agreement through which up to $50,000,000 may be borrowed and committed at several interest rate options The Corporation had $50,000,000 of loan advances outstanding and no letters of credit commitments as of December 31, 2011 This credit agreement was renewed on February 15, 2012, for $75,000,000 and expires on February 15, 2015

10. MEDICAL CLAIMS LIABILITY (REPORTED AND UNREPORTED)

Activity from HAP, Alliance, and MHP, included in medical claims liability, is summarized as follows (in thousands)

	2011	2010
Balance — January 1	$ 115,786	$ 109,695
Addition due to acquisition of MHP	30,864	
Incurred related to		
Current year	1,067,926	961,165
Prior year	(24,219)	(33,995)
Total incurred	1,043,707	927,170
Paid related to		
Current year	955,176	853,278
Prior year	78,062	67,801
Total paid	1,033,238	921,079
Balance — December 31	$ 157,119	$ 115,786

Changes in actuarial estimates of claims unpaid reported as "incurred related to prior year" in the schedule above reflect revisions in estimates of medical cost trends and changes in claims processing patterns Given the inherent variability of such estimates, the actual liability could differ significantly from amounts provided

Cost of health care services on the consolidated statements of operations and changes in net assets include capitation expenses, which are not reflected in the table above

11. MALPRACTICE AND GENERAL LIABILITY

The System provides professional and general liability insurance through a combination of self-insurance, claims-made coverage reinsured through wholly owned captive insurance companies, and excess coverage purchased from commercial carriers The System estimates a range of loss for known claims and unreported incidents and has recorded a liability based on its assessment of the most likely amount of loss in the range The liability of $152,512,000 and $158,035,000 as of December 31, 2011 and 2010, respectively, has been discounted using a discount factor of 4 00% as of December 31, 2011 and 2010 Irrevocable trust funds have been established to settle claims subject to self-insurance

12. PENSION AND OTHER POSTRETIREMENT BENEFIT PLANS

The System has qualified defined benefit pension plans covering substantially all employees The funding policies are to contribute annually amounts necessary to meet or exceed the minimum funding requirements of the Employee Retirement Income Security Act of 1974 Contributions are intended to provide not only for benefits attributed to service to date, but also for those expected to be earned in the future

Effective December 31, 2010, the System permanently froze the Henry Ford Health System pension plan which resulted in a curtailment expense of $18,965,000 which was reported as an unusual item in the consolidated statements of operations and changes in net assets Effective January 1, 2011, the System instituted a supplemental retirement savings account for each participant in the frozen Henry Ford Health System pension plan The System's contribution to this plan will be based on each participant's age and years of service

The System invests the majority of the assets of the plans in a diversified portfolio consisting of an array of asset classes that attempts to maximize returns while minimizing volatility The targeted allocation percentages are 45% stock and stock funds, 25% bond and bond funds, 15% global asset allocation, and 15% alternative assets The percentage of the fair value of total plan assets held as of the measurement dates, December 31, 2011 and 2010, is shown below

	2011	2010
Cash and cash equivalents	2 %	1 %
Global asset allocation	18	15
Stock and stock funds	48	48
Bonds and bond funds	28	27
Alternative assets	4	9
Total	100 %	100 %

The following table presents information about the fair value of the total plan assets as of December 31, 2011 and 2010, according the valuation techniques the System used to determine its fair values as described in Note 5 (in thousands)

	Level 1	Level 2	Level 3	Total
December 31, 2011				
Investment class				
Cash equivalents	$ 11,127	$ -	$ -	$ 11,127
Equity securities				
Collective funds — asset allocation	79,389	13,362		92,751
Collective funds — common stock	58,260	162,092		220,352
Collective funds — debt securities	71,704	68,641		140,345
Common stock	22,056			22,056
Hedge funds and private equities			18,146	18,146
Total	$ 242,536	$ 244,095	$ 18,146	$ 504,777
December 31, 2010				
Investment class				
Cash equivalents	$ 3,778	$ -	$ -	$ 3,778
Other debt obligations		7		7
Equity securities				
Common stock	23,492			23,492
Mutual and commingled funds				
Domestic equity	58,478	84,146		142,624
Fixed income	71,870	66,766		138,636
International equity		86,538		86,538
Multi-asset	79,182	14,591		93,773
Hedge funds and private equities			32,124	32,124
Total	$ 236,800	$ 252,048	$ 32,124	$ 520,972

The fair value reconciliation of the Level 3 assets for the years ended December 31, 2011 and 2010, is as follows (in thousands)

	Hedge Funds	Private Equity Funds	Total
Balance — December 31, 2009	$ 13,715	$ 15,576	$ 29,291
Net realized and unrealized gains	628	2,510	3,138
Purchases, issuances, and settlements — net		(305)	(305)
Balance — December 31, 2010	14,343	17,781	32,124
Total gains or losses			
Included in changes in net assets	236	1,638	1,874
Purchases, issuances, sales, settlements			
Purchases		2,920	2,920
Sales	(13,828)		(13,828)
Settlements		(4,944)	(4,944)
Balance — December 31, 2011	$ 751	$ 17,395	$ 18,146

The expected long-term rate of return on plan assets is established based on management's expectations of asset returns for the investment mix in the plans, considering historical experience, current economic environment, and forecasted risk/reward assumptions The expected returns of various asset categories are blended to derive one long-term assumption

The System is expected to contribute $21,802,000 to the pension plans in 2012

The System also provides postretirement health care and life insurance benefits to all employees who meet minimum age and years of service requirements Benefits to employees may require employee contributions or be provided in the form of a fixed-dollar subsidy

The System is expected to make a $6,140,000 contribution to the postretirement health care plan in 2012

Information regarding the projected benefit obligation and assets of the pension and postretirement benefit plans for the System as of and for the years ended December 31, 2011 and 2010, are as follows (in thousands)

	Pension Benefits		Postretirement Benefits	
	2011	2010	2011	2010
Change in benefit obligation				
Benefit obligation — beginning of year	$635,523	$628,744	$ 100,452	$ 92,750
Service cost	8,099	33,241	1,472	1,312
Interest cost	29,441	33,630	4,813	5,106
Actuarial loss	33,901	30,863	(3,155)	6,557
Benefits paid	(43,309)	(35,948)	(6,816)	(6,349)
Medicare Part D subsidy			820	837
Curtailments		(59,340)		
Plan changes	(13,802)	4,333	(2,526)	239
Benefit obligation — end of year	649,853	635,523	95,060	100,452
Change in plan assets				
Fair value of assets — beginning of year	520,972	468,902		
Actual return on assets	(5,449)	64,362		
Employer contributions	32,563	23,656		
Benefits paid	(43,309)	(35,948)		
Fair value of assets — end of year	504,777	520,972	-	-
Amounts included in the consolidated balance sheets				
Total accrued pension liability	$145,076	$114,551	$ 95,060	$100,452
Current liability	$ 1,077	$ 1,052	$ 6,013	$ 6,269
Long-term liability	$143,999	$113,499	$ 89,047	$ 94,183

In accordance with FASB ASC Topic 715-20, all previously unrecognized actuarial losses are reflected in the consolidated balance sheets The pension plan and postretirement benefit plan items not yet recognized as a component of periodic pension and postretirement medical plan expense, but included within unrestricted net assets, as of and for the years ended December 31, 2011 and 2010, are as follows (in thousands)

	Pension Benefits		Postretirement Benefits	
	2011	2010	2011	2010
Unrecognized prior service (credit) cost	$ (9,450)	$ 4,546	$ (4,181)	$ (2,008)
Unrecognized net actuarial loss	166,013	90,248	13,032	17,322
Total	$156,563	$94,794	$ 8,851	$15,314

An estimated $1,326,000 in prior service credit and $11,043,000 in net actuarial loss will be included as components of period pension expense in 2012 An estimated $1,751,000 in prior service credit and $543,000 in net actuarial loss will be included as components of period postretirement medical plan expense in 2012

The accumulated benefit obligation is $642,776,000 and $614,856,000 as of December 31, 2011 and 2010, respectively

	Pension Benefits		Postretirement Benefits	
	2011	2010	2011	2010
Net pension benefit cost				
Service cost	$ 8,099	$ 33,241	$ 1,472	$ 1,312
Interest cost	29,441	33,630	4,813	5,106
Expected return on assets	(39,221)	(40,552)		
Amortization of prior service cost (credit)	194	2,681	(1,061)	(1,104)
Amortization of actuarial loss	2,841	6,700	1,134	258
Cost of curtailments		18,965		
Other	(35)	(65)	708	
Net pension benefit cost	$ 1,319	$ 54,600	$ 7,066	$ 5,572
Weighted-average assumptions are as follows				
Discount rate — benefit obligation	4 30 %	4 95 %	4 30 %	4 95 %
Discount rate — benefit cost	4 95	5 70	4 95	5 70
Expected return on plan assets	8 00	8 50	N/A	N/A
Rate of compensation increases	4 00	4 00	4 00	4 00

The expected future pension benefits to be paid for each of the next five years and in the aggregate for the succeeding five years thereafter are as follows $44,400,000 in 2012, $48,210,000 in 2013, $45,730,000 in 2014, $45,550,000 in 2015, $45,810,000 in 2016, and $237,340,000 thereafter

The expected future other postretirement benefits net of Medicare Part D subsidy to be paid for each of the next five years and in the aggregate for the succeeding five years thereafter are as follows $6,140,000 in 2012, $6,300,000 in 2013, $6,330,000 in 2014, $6,390,000 in 2015, $6,410,000 in 2016, and $32,890,000 thereafter

The expected future Medicare Part D subsidy for each of the next five years and in the aggregate for the succeeding five years thereafter is as follows $890,000 in 2012, $870,000 in 2013, $920,000 in 2014, $960,000 in 2015, $980,000 in 2016, and $5,160,000 thereafter

The medical inflation assumption is 7 90% in 2012 for Blue Cross Blue Shield of Michigan Medical, grading down to 5 00% in 2033 and after, 9 70% in 2012 for HAP Full Network, grading down to 5 00% in 2033 and after, and 14 50% in 2012 for HAP Preferred Network, grading down to 5 00% in 2033 and after The prescription drug inflation assumption is 9 70% in 2012, grading down to 5 00% in 2033 and after

The health care cost trend rate assumptions have a significant effect on the amounts reported for the postretirement plan A one-percentage-point change in assumed health care cost trends would have effects on the amounts as follows

	One Percentage Point Increase	One Percentage Point Decrease
Effect on postretirement benefit obligation	7 53 %	(6 34)%
Effect on total of service cost and interest cost components	5 93 %	(4 99)%

The System has a retirement savings plan under which certain employees may make a one-time irrevocable election indicating whether or not they will participate This plan requires employee and employer contributions of 2% and 2 5%, respectively, of base wages up to the Social Security wage limit For wages in excess of the Social Security wage limit, contributions are 4% and 5% of base wages for the employee and employer, respectively The System restored the employer contributions in full during July 2011 The expense related to the plan was approximately $18,372,000 and $3,110,000 in 2011 and 2010, respectively

Effective January 1, 2011, the System instituted a supplemental retirement savings account for each participant in the frozen Henry Ford Health System pension plan The expense related to this supplemental plan was approximately $43,617,000 during 2011 This amount was funded in January 2012

13. LONG-TERM OBLIGATIONS

Long-term obligations as of December 31, 2011 and 2010, consisted of the following (in thousands)

	2011	2010
Revenue and refunding bonds Series 2009, fixed rate, maturing serially through 2020, interest rates of 3 0% to 5 5%, term due 2024, interest rate of 5 25%, term due 2029, interest rate of 5 625% and term due 2039, interest rate of 5 75%	$320,860	$326,070
Revenue bonds Series 2007, maturing serially through 2042, variable interest rate, 0 09% at December 31, 2011	156,925	159,660
Revenue and refunding bonds Series 2006A, fixed rate, maturing serially through 2027, interest rates of 4 8% to 5 0%, term due 2032, interest rate of 5 25%, term due 2038, interest rate of 5 0% and term due 2046, interest rate of 5 25%	377,105	380,245
Other obligations (interest rates from 2 85% to 4 70%)	5,563	7,403
Unamortized discount on bonds	(8,047)	(8,125)
Unamortized premium on bonds	9,555	9,900
Total	861,961	875,153
Less current portion	13,004	12,457
Less contingent current portion of long-term obligations	21,034	21,214
Total long-term obligations	$827,923	$841,482

On November 3, 2009, the System issued $330,735,000 in Series 2009 revenue and refunding bonds The proceeds were used to fund an escrow account of $195,000,000 to convert the Series 2006 B & C variable rate bonds to fixed rate bonds, reimburse the System for approximately $100,000,000 for previous capital expenditures, fund approximately $24,000,000 into a debt service reserve fund to provide security for the bonds, to pay certain issuance costs, and to cover the cost of discount bonds

Prior to December 31, 2009, the funds included in the escrow account were used to redeem the remaining principal and interest on the Series 2006 B & C bonds and the excess funds transferred to a bond payment fund to make future bond payments

During 2006, the Obligated Group cash-defeased or refunded all its existing tax-exempt debt with the Series 2006A, B & C bonds Escrow accounts were established for the refunded bonds in amounts sufficient to cover interest, principal, and call premiums As of December 31, 2011, the value of the escrowed accounts was $91,697,000 These refundings were recorded as a legal defeasance

Members of the Obligated Group are jointly and severally liable for outstanding obligations issued under the Master Indenture The Master Indenture contains covenants which require the Obligated Group to maintain a debt service coverage ratio above a certain level and contains limitations on incurring additional indebtedness and debt guarantees The System has no knowledge of any default in the performance of the terms, covenants, provisions, or conditions of the Master Indenture The Obligated Group can redeem the fixed rate outstanding bonds from the Series 2009 beginning November 15, 2020, and thereafter at par, and the Series 2006A beginning November 15, 2017, and thereafter at par, and the variable rate Series 2007 bonds on any business day during a weekly interest rate period at par The rates on the variable rate bonds are set each week to enable the bonds to be remarketed at a price of par, not to exceed 12% Variable rate bonds can be tendered with a minimum of seven days notice The System entered into a remarketing agreement to remarket the variable rate bonds on a weekly basis in addition to entering into an irrevocable, transferable, direct-pay, letter-of-credit agreement in the original amount of $165,735,000 of which $156,925,000 is outstanding on December 31, 2011 The letter of credit expires on November 29, 2014

The letter of credit supporting the Series 2007 bonds provides interim financing to the Obligated Group in the event that remarketing efforts fail for bonds tendered The reimbursement agreement specifies that letter of credit draws be repaid over a five-year period in equal quarterly installments beginning either January 1, April 1, July 1, or October 1 following a draw on the letter of credit that remains outstanding as provided for in the agreements No remarketing of the Series 2007 bonds has failed As of December 31, 2011, there was $156,925,000 of Series 2007 bonds outstanding of which $133,386,000 was classified as long term, $2,505,000 was classified as current maturities, and $21,034,000 was classified as contingent current portion of long-term obligations The contingent current portion of long-term obligations represent three quarterly payments payable in 2012 based on the repayment terms of the reimbursement agreements should amounts need to be drawn on the letter of credit on or after January 1, 2012

The following are the future maturities of long-term obligations as of December 31, 2011 While the presentation on the consolidated balance sheets of current maturities of long-term obligations includes certain amounts contingently payable, the amounts below are based on the contractual maturities of the obligations outstanding as of December 31, 2011 Accordingly, if remarketings of bonds fail in future periods, debt repayments may become more accelerated than described below

The approximate principal requirements on long-term obligations for the next five years and thereafter are as follows $13,004,000 in 2012, $13,000,000 in 2013, $13,235,000 in 2014, $13,761,000 in 2015, $14,262,000 in 2016, and $794,699,000 thereafter

The carrying amount of the System's variable rate bonds and other obligations approximates the fair value The fair value of the System's fixed rate bonds is estimated based upon prices obtained from a third-party service routinely relied upon by securities professionals to provide an approximate fair value of these types of securities

The carrying amount and fair value of the System's long-term obligations as of December 31, 2011 and 2010, were as follows (in thousands)

	2011	2010
Carrying amount	$861,961	$875,153
Fair value	883,901	830,573

Interest Rate Swaps — The Corporation entered into a basis swap agreement on August 26, 2002, with an effective date of February 1, 2003, with a notional amount of $240,000,000 in which the Corporation receives a short-term taxable rate (72 125% of the London InterBank Offered Rate) and pays the BMA (Bond Market Association) rate This agreement expires on August 26, 2012

The fair market value of the basis swap was $(32,000) and $(598,000) as of December 31, 2011 and 2010, respectively

This agreement increased interest expense by $36,000 and $152,000 in 2011 and 2010, respectively

The Corporation is exposed to credit loss in the event of nonperformance by the counterparty to the swap agreements However, the Corporation does not anticipate nonperformance by the counterparty

14. CAPITAL LEASE OBLIGATIONS

The System has several capital lease agreements for equipment and a building The capital lease obligations require payments in future years as follows (in thousands)

Years Ending December 31	
2012	$2,087
2013	2,064
2014	2,041
2015	60
2016	60
Later years	466
Total minimum lease payments	6,778
Less interest (interest rates from 0% to 8 25%)	807
Obligations under capitalized lease, including $1,784 due within one year	$5,971

15. COMMITMENTS AND CONTINGENCIES

The System has entered into various operating leases under agreements, which expire through 2027 and include varying renewal options Rental expense under such leases was approximately $36,518,000 and $32,520,000 for the years ended December 31, 2011 and 2010, respectively

The aggregate remaining lease payments required under operating leases with noncancelable terms in excess of one year as of December 31, 2011, approximates $145,081,000 The approximate requirements under these leases for each of the five years ending after December 31, 2011, are $28,078,000, $24,792,000, $22,325,000, $17,521,000, and $13,787,000, respectively

The percent of labor subject to collective bargaining agreements is 2 3% and 2 4% as of December 31, 2011 and 2010, respectively The percent of labor subject to collective bargaining agreements that will expire within one year is 0 8% and 1 0% as of December 31, 2011 and 2010, respectively

The System is party to lawsuits incidental to its operations Management and its counsel believe that the ultimate disposition of such litigation will not have a material effect on the consolidated financial position of the System

16. UNRESTRICTED NET ASSETS

Changes in consolidated unrestricted net assets attributable to the System and the noncontrolling interests for the years ended December 31, 2011 and 2010, are as follows (in thousands)

	Henry Ford Health System	Noncontrolling Interests	Total
Unrestricted net assets — December 31, 2009	$ 1,031,373	$ 3,952	$ 1,035,325
Excess of revenue over expenses from consolidated operations	60,091	1,783	61,874
Change in net unrealized gains and losses on investments	15,833		15,833
Net assets released from restrictions for capital	6,896		6,896
Distributions to noncontrolling interests		(1,910)	(1,910)
Pension and other postretirement net adjustments	68,591		68,591
Increase in unrestricted net assets	151,411	(127)	151,284
Unrestricted net assets — December 31, 2010	1,182,784	3,825	1,186,609
Excess of revenue over expenses from consolidated operations	21,510	1,721	23,231
Change in net unrealized gains and losses on investments	(12,968)	1	(12,967)
Net assets released from restrictions for capital	7,286		7,286
Purchase of noncontrolling interests		4,280	4,280
Distributions to noncontrolling interests		(1,616)	(1,616)
Pension and other postretirement net adjustments	(55,306)		(55,306)
Decrease in unrestricted net assets	(39,478)	4,386	(35,092)
Unrestricted net assets — December 31, 2011	$ 1,143,306	$ 8,211	$ 1,151,517

17. ENDOWMENTS

The System's endowments consist of various funds established for specific purposes The assets are managed in a custodial account The account uses a targeted asset allocation of 45% stock and stock funds, 25% bond and bond funds, 15% global asset allocation, and 15% alternative assets The annual spending appropriation from the endowments is determined by the average of the beginning balance for each of the three previous years multiplied by a 5% spending factor The endowment corpus is maintained in perpetuity for donor-restricted endowments

Endowment net assets as of December 31, 2011 and 2010, are comprised of the following (in thousands)

	Unrestricted Net Assets	Permanently Restricted Net Assets	Total
	$ -	$85,669	$ 85,669
	294,764		294,764
	$294,764	$85,669	$380,433
	$ -	$87,163	$ 87,163
	312,669		312,669
	$312,669	$87,163	$399,832

Changes in endowment net assets for the years ended December 31, 2011 and 2010, are summarized as follows (in thousands)

	Unrestricted Net Assets	Permanently Restricted Net Assets	Total
	$291,888	$84,398	$376,286
	36,181	6,935	43,116
		99	99
	(15,400)	(4,269)	(19,669)
	312,669	87,163	399,832
	(6,880)	1,909	(4,971)
		895	895
	(11,025)	(4,298)	(15,323)
	$294,764	$85,669	$380,433

18. FUNCTIONAL EXPENSES

Total expenses categorized by functional classifications for the years ended December 31, 2011 and 2010, were as follows (in thousands)

	2011	2010
Health care services	$3,500,688	$3,385,882
Management and general	677,286	635,222
Total expenses	$4,177,974	$4,021,104

19. SUBSEQUENT EVENTS

Pursuant to FASB ASC Topic 855-10, *Subsequent Events — Overall*, the System has evaluated subsequent events through March 26, 2012, the date the consolidated financial statements were available to be issued As a result of this evaluation, the System has no subsequent events to disclose

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CONSOLIDATING SCHEDULES

CONSOLIDATING BALANCE SHEET INFORMATION
AS OF DECEMBER 31, 2011
(In thousands)

ASSETS	Henry Ford Health System Obligated Group	Henry Ford Health System Nonobligated Group	Eliminations	Henry Ford Health System Consolidated
CURRENT ASSETS				
Cash and cash equivalents	$ 246,954	$ 97,124	$ -	$ 344,078
Short-term investments	14,251	10		14,261
Patient care receivables	194,056	3,882	(2,346)	195,592
Health care premium receivables	46,989	3,490		50,479
Due from third-party payors	31,875			31,875
Other current assets	114,222	13,182	(7,034)	120,370
Current portion of assets limited as to use	23,106			23,106
Total current assets	671,453	117,688	(9,380)	779,761
LONG-TERM INVESTMENTS	450,380	10,387		460,767
ASSETS LIMITED AS TO USE	513,965	396,616	(110,702)	799,879
JOINT VENTURE INVESTMENTS	12,081	(642)	(5,756)	5,683
INTANGIBLE AND OTHER ASSETS	129,748	46,298	(107,132)	68,914
GOODWILL	8,145	17,886		26,031
PROPERTY, PLANT, AND EQUIPMENT — Net	1,134,811	27,141		1,161,952
TOTAL	$2,920,583	$615,374	$(232,970)	$3,302,987

(Continued)

CONSOLIDATING BALANCE SHEET INFORMATION
AS OF DECEMBER 31, 2011
(In thousands)

LIABILITIES AND NET ASSETS	Henry Ford Health System Obligated Group	Henry Ford Health System Nonobligated Group	Eliminations	Henry Ford Health System Consolidated
CURRENT LIABILITIES				
Short-term borrowings	$ 50,000	$ -	$ -	$ 50,000
Accounts payable	117,787	6,286	(111)	123,962
Medical claims liability	116,005	48,630	(2,346)	162,289
Other liabilities and accrued expenses	238,066	33,957	(25,979)	246,044
Current portion of long-term obligations	12,499	1,383	(878)	13,004
Contingent current portion of long-term obligations	21,034			21,034
Current portion of lease payable	1,784			1,784
Current portion of malpractice and general liability	15,694			15,694
Total current liabilities	572,869	90,256	(29,314)	633,811
MALPRACTICE AND GENERAL LIABILITY	127,447	99,774	(90,403)	136,818
DEFERRED COMPENSATION, POSTRETIREMENT, AND OTHER LIABILITIES	339,278	874		340,152
LONG-TERM OBLIGATIONS	823,990	4,178	(245)	827,923
LONG-TERM CAPITAL LEASE PAYABLE	4,187			4,187
Total liabilities	1,867,771	195,082	(119,962)	1,942,891
NET ASSETS				
Unrestricted				
Henry Ford Health System	839,912	416,402	(113,008)	1,143,306
Noncontrolling interests	4,321	3,890		8,211
Total unrestricted	844,233	420,292	(113,008)	1,151,517
Temporarily restricted	122,910			122,910
Permanently restricted	85,669			85,669
Total net assets	1,052,812	420,292	(113,008)	1,360,096
TOTAL	$2,920,583	$615,374	$(232,970)	$3,302,987

(Concluded)

CONSOLIDATING STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS — UNRESTRICTED INFORMATION
FOR THE YEAR ENDED DECEMBER 31, 2011
(In thousands)

	Henry Ford Health System Obligated Group	Henry Ford Health System Nonobligated Group	Eliminations	Henry Ford Health System Consolidated
UNRESTRICTED REVENUE				
Net patient service revenue	$2,169,668	$ 66,460	$(22,731)	$2,213,397
Health care premiums	1,622,808	208,455	(2,325)	1,828,938
Investment income	18,078	10,573	(2,191)	26,460
Other income	172,969	17,515	(34,802)	155,682
Total unrestricted revenue	3,983,523	303,003	(62,049)	4,224,477
EXPENSES				
Salaries, wages, and employee benefits	1,609,616	33,439	(2,290)	1,640,765
Health care provider expense	851,252	178,730	(22,731)	1,007,251
Supplies	490,855	10,746	(25)	501,576
Depreciation and amortization	145,468	3,694		149,162
General and other administrative	201,016	55,723	(17,798)	238,941
Other contracted services	280,763	5,834	(906)	285,691
Provision for uncompensated services	162,011			162,011
Malpractice	18,003	8,889	(8,750)	18,142
Plant operations	45,434	1,830		47,264
Interest expense	36,657	281	(60)	36,878
Repairs and maintenance	52,710	1,066		53,776
Rent	34,553	3,097	(1,132)	36,518
Total expenses	3,928,338	303,329	(53,692)	4,177,975
EXCESS OF REVENUE OVER EXPENSES BEFORE UNUSUAL ITEMS	55,185	(326)	(8,357)	46,502
UNUSUAL ITEMS — Impairment charges	(23,271)			(23,271)
Total unusual items	(23,271)			(23,271)
EXCESS OF REVENUE OVER EXPENSES FROM CONSOLIDATED OPERATIONS	31,914	(326)	(8,357)	23,231
CHANGE IN NET UNREALIZED LOSSES AND GAINS ON INVESTMENTS	758	(13,726)	1	(12,967)
NET ASSETS RELEASED FROM RESTRICTION FOR CAPITAL	7,286			7,286
PURCHASE OF NONCONTROLLING INTERESTS	4,280			4,280
DISTRIBUTIONS TO NONCONTROLLING INTERESTS		(1,616)		(1,616)
PENSION AND OTHER POSTRETIREMENT — Net adjustments	(55,306)			(55,306)
OTHER	(4,641)	79,943	(75,302)	
(DECREASE) INCREASE IN UNRESTRICTED — Net assets	$ (15,709)	$ 64,275	$(83,658)	$ (35,092)