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Part III

Statement of Program Service Accomplishments

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

☐ Yes ☒ No

1

Briefly describe the organization’s mission

PROVISION OF ACUTE MEDICAL CARE

2

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

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

3

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

If “Yes,” describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 137,149,051 including grants of \$ 7,319,852) (Revenue \$ 177,043,307)

FOR THE YEAR ENDED JUNE 30, 2013, PORT HURON HOSPITAL PROVIDED HEALTH CARE SERVICES TO THE POOR AND TO THE BROADER COMMUNITY FOR WHICH THE COST OF PROVIDING SUCH SERVICES EXCEEDED THE RELATED REVENUE CHARITY CARE IN THE AMOUNT OF \$4,989,147 WAS PROVIDED DURING THE YEAR PORT HURON HOSPITAL PROVIDED \$309,179,968 IN THIRD PARTY DISCOUNTS IN TOTAL, THIS REPRESENTS 63.27% PERCENT OF THE GROSS PATIENT REVENUE FOR THIS YEAR PORT HURON HOSPITAL ALSO PROVIDED THE COMMUNITY WITH OPPORTUNITIES TO PARTICIPATE IN NUMEROUS EDUCATIONAL, WELLNESS, SCREENING, AND SUPPORTIVE PROGRAMS AT EITHER NO COST OR AT A NOMINAL CHARGE THE HOSPITAL PROVIDED A TOTAL OF 328 PROGRAMS TO APPROXIMATELY 352,652 PEOPLE OF THE COMMUNITY

4b

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

4c

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

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses

137,149,051

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	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 and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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	91	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	1,639	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?	7c		No
d	If "Yes," indicate the number of Forms 8822 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	16	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	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	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	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		
8a	The governing body?	8a	Yes
8b	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
10b	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
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	Other officers or key employees of the organization	15b	No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	MI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	JOHN LISTON CFO 1221 PINE GROVE AVENUE PORT HURON, MI (810) 989-3737

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 Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KAREN NIVER MD CHAIRMAN	3 00 1 00	X		X				0	0	0
(2) MONA ARMSTRONG VICE CHAIRMAN	3 00 1 00	X		X				0	0	0
(3) JOHN OGDEN TREASURER	3 00 1 00	X		X				0	0	0
(4) KARL TOMION SECRETARY	3 00 1 00	X		X				0	0	0
(5) THOMAS D DEFAUW PRESIDENT & CEO	40 00 3 00	X		X				675,721	0	92,526
(6) JOHN LISTON ASST TREASURER	40 00 4 00	X		X				314,885	0	49,333
(7) JANET TURNER LOMASNEY OD TRUSTEE	3 00 1 00	X						0	0	0
(8) GLEN BETRUS MD TRUSTEE	3 00 0 00	X						0	0	0
(9) JANICE ROSE TRUSTEE	3 00 0 00	X						0	0	0
(10) F WILLIAM COOP MD TRUSTEE	3 00 0 00	X						0	0	0
(11) FRANKLIN MORTIMER II TRUSTEE - PART YEAR	3 00 1 00	X						0	0	0
(12) JOHN V BROOKS MD TRUSTEE, CHIEF OF STAFF	3 00 0 00	X						0	0	0
(13) DAVID KEYES TRUSTEE	3 00 0 00	X						0	0	0
(14) DAVID TRACY MD TRUSTEE	3 00 0 00	X						0	0	0
(15) DAVID A THOMPSON TRUSTEE	3 00 2 00	X						0	0	0
(16) BASSAM H NASR MD TRUSTEE	3 00 0 00	X						0	0	0
(17) RICHARD LEVEILLE TRUSTEE	3 00 1 00	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KATHLEEN METCALF DIRECTOR PEROPERATIVE SERV - PART YEAR	40 00 0 00				X			265,239	0	14,440
(19) DR MICHAEL TAWNEY CHIEF MEDICAL DIRECTOR	40 00 0 00				X			351,802	0	55,194
(20) DAVID MCEWEN VP OF OPERATIONS	40 00 1 00				X			281,392	0	51,302
(21) JENNIFER MONTGOMERY VP OF NURSING	40 00 0 00				X			289,348	0	34,555
(22) GARY LEROY VP OF ADMINISTRATION & PLA	40 00 1 00				X			219,486	0	43,034
(23) DORIS SEIDL VP OF HUMAN RESOURCES	40 00 0 00				X			198,145	0	38,257
(24) ROBERT L BAUER MD PHYSICIAN	40 00 0 00					X		279,829	0	24,759
(25) THOMAS F BROZOVICH MD PHYSICIAN	40 00 0 00					X		277,330	0	19,762
(26) TIMOTHY R VANHOWE CRNA	40 00 0 00					X		243,301	0	10,933
(27) TROY C REED CRNA	40 00 0 00					X		247,449	0	11,157
(28) JOSEPH A GIZONI CRNA	40 00 0 00					X		225,101	0	24,117

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	3,869,028	0	469,369

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▶59

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

Section B. Independent Contractors

1

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

(A) Name and business address	(B) Description of services	(C) Compensation
AHSAAMERICAN HEALTHCARE STAFFING ASSOC PO BOX 945 TRAVERSE CITY MI 49685	CONTRACT LABOR	753,810
MCLMICHIGAN CO-TENANCY LAB 300 WEST TEXTILE ROAD ANN ARBOR MI 48108	LAB TESTING	705,460
HEALOGICS WOUND CARE & HYPERBARIC SERVIC 5220 BELFORT ROAD SUITE 130 JACKSONVILLE FL 32256	WOUND CARE TREATMENT	439,766
PHYSICIAN HEALTHCARE NETWORK 3050 COMMERCE DRIVE FORT GRATIOT MI 48059	MEDICAL/LOANS	348,651
BLUE WATER PATHOLOGY PC PO BOX 77556 DETROIT MI 48277	LAB SERVICES	294,600

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 ▶13

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	948,118			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$		1,215			
	h	Total. Add lines 1a-1f		948,118			
Program Service Revenue	2a	PATIENT REVENUE	Business Code				
			621500	176,600,088	176,600,088		
	b	LABORATORY	621500	1,243,735	112,628	1,131,107	
	c	OPERATING REVENUE	621500	330,591	330,591		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		178,174,414			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,239,233			1,239,233
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	(i) Real					
		(ii) Personal					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	(i) Securities					
		(ii) Other					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		1,265,806			1,265,806
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
	a						
	b	Less direct expenses					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19					
a							
b	Less direct expenses						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
a							
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	Business Code					
11a	CAFETERIA	722210	757,781			757,781	
b	MISCELLANEOUS	900099	264,199			264,199	
c	LAUNDRY	812300	217,436		52,699	164,737	
d	All other revenue						
e	Total. Add lines 11a-11d		1,239,416				
12	Total revenue. See Instructions		182,866,987	177,043,307	1,183,806	3,691,756	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response 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.	7,319,852	7,319,852		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
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.	2,978,213		2,978,213	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	63,965,140	58,255,873	5,709,267	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	2,337,283	2,041,280	296,003	
9	Other employee benefits.	5,606,113	5,105,631	500,482	
10	Payroll taxes.	4,865,630	4,249,427	616,203	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	232,333		232,333	
c	Accounting.	169,718		169,718	
d	Lobbying.	19,761		19,761	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	485,279		485,279	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	15,100,137	8,108,952	6,991,185	
12	Advertising and promotion.	330,019	1,971	328,048	
13	Office expenses.	1,292,642	1,292,642		
14	Information technology.	6,347,335	55,800	6,291,535	
15	Royalties.				
16	Occupancy.				
17	Travel.	135,615	87,545	48,070	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	55,327	37,968	17,359	
20	Interest.	497,496		497,496	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	8,442,579		8,442,579	
23	Insurance.	1,468,571		1,468,571	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	SUPPLY & MINOR EQUIP	33,581,907	33,521,849	60,058	
b	PROVISION FOR BAD DEBTS	11,295,882	11,295,882		
c	QAAP TAX	4,342,686		4,342,686	
d	UTILITIES	1,763,971	1,763,971		
e	All other expenses	5,121,960	4,010,408	1,111,552	
25	Total functional expenses. Add lines 1 through 24e.	177,755,449	137,149,051	40,606,398	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		26,039,687	1	28,900,575
	2	Savings and temporary cash investments		26,830,946	2	35,624,403
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		6,717,202	4	6,234,525
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		12,129,091	7	4,666,657
	8	Inventories for sale or use		4,622,589	8	4,917,340
	9	Prepaid expenses and deferred charges		1,953,321	9	1,486,658
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a160,610,924			
	b	Less accumulated depreciation	10b114,166,908	46,310,129	10c	46,444,016
	11	Investments—publicly traded securities		14,707,687	11	12,971,774
	12	Investments—other securities See Part IV, line 11		9,064,260	12	5,839,006
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		5,177,283	15	4,970,239
	16	Total assets. Add lines 1 through 15 (must equal line 34)		153,552,195	16	152,055,193
Liabilities	17	Accounts payable and accrued expenses		67,967,588	17	51,342,179
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		16,806,614	20	13,138,609
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		508,118	23	366,923
	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		11,666,181	25	13,294,737
	26	Total liabilities. Add lines 17 through 25		96,948,501	26	78,142,448
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		56,603,694	27	73,912,745
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		56,603,694	33	73,912,745
	34	Total liabilities and net assets/fund balances		153,552,195	34	152,055,193

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	182,866,987
2	Total expenses (must equal Part IX, column (A), line 25)	2	177,755,449
3	Revenue less expenses Subtract line 2 from line 1	3	5,111,538
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	56,603,694
5	Net unrealized gains (losses) on investments	5	1,171,531
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	11,025,982
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	73,912,745

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

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

2012

Open to Public Inspection

Name of the organization PORT HURON HOSPITAL	Employer identification number 38-1369611
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Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 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 - Non-functionally integrated
- e

☐

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

☐

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

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)
- | | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |
- | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2011 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2012. 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—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2012. 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—2011. 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 IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. 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—2011. 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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

2012

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, Part V, line 35c (Proxy Tax), then

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

Name of the organization PORT HURON HOSPITAL	Employer identification number 38-1369611
---	--

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

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
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 function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

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

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
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														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)	(b)	
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		19,761
j	Total. Add lines 1c through 1i.			19,761
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	A PORTION OF DUES PAID TO MHA AND AHA ARE ALLOCATED TO LOBBYING EXPENSES

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
PORT HURON HOSPITAL

Employer identification number
38-1369611

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes☐ No	

Part II

Conservation Easements. Complete if the organization answered "Yes" 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 education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

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

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

3

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

4

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

5

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

☐ Yes☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

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

Part III

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶\$ _____

b

Assets included in Form 990, Part X

▶\$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2012

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIII 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		2,150,711		2,150,711
b Buildings		79,323,059	61,958,595	17,364,464
c Leasehold improvements		658,773	288,649	370,124
d Equipment		71,264,423	47,114,262	24,150,161
e Other		7,213,958	4,805,402	2,408,556
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				46,444,016

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return					
1	Total revenue, gains, and other support per audited financial statements			1	183,768,618
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,171,531		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	11,025,982		
e	Add lines 2a through 2d			2e	12,197,513
3	Subtract line 2e from line 1			3	171,571,105
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	11,295,882		
c	Add lines 4a and 4b		4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	182,866,987
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					
1	Total expenses and losses per audited financial statements			1	166,459,567
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	166,459,567
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	11,295,882		
c	Add lines 4a and 4b		4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	177,755,449

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE INTERNAL REVENUE SERVICE HAS RULED THAT THE HOSPITAL AND ITS SUBSIDIARIES, ASIDE FROM WILLOW ENTERPRISES, INC , ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND ACCORDINGLY, NO TAX PROVISION IS REFLECTED IN THE CONSOLIDATED FINANCIAL STATEMENTS. WILLOW ENTERPRISES, INC IS A TAXABLE CORPORATION. INCOME TAX PROVISIONS FOR THIS ENTITY ARE NOT MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE HOSPITAL AND RECOGNIZE A TAX LIABILITY IF THE HOSPITAL HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE HOSPITAL AND HAS CONCLUDED THAT AS OF JUNE 30, 2013, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE HOSPITAL IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO JUNE 30, 2010.
PART XI, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN PENSION 11,025,982
PART XI, LINE 4B - OTHER ADJUSTMENTS		BAD DEBT NETTED WITH REVENUE 11,295,882
PART XII, LINE 4B - OTHER ADJUSTMENTS		BAD DEBT NETTED WITH REVENUE 11,295,882

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

2012

Open to Public Inspection

Name of the organization
PORT HURON HOSPITAL

Employer identification number
38-1369611

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)	1	1,221	1,560,371	0	1,560,371	0 940 %
b Medicaid (from Worksheet 3, column a)	2	1,969	25,952,794	22,799,363	3,153,431	1 890 %
c Costs of other means-tested government programs (from Worksheet 3, column b) .						
d Total Financial Assistance and Means-Tested Government Programs .	3	3,190	27,513,165	22,799,363	4,713,802	2 830 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	282	349,355	504,948	26,041	478,907	0 290 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	4	0	75,745	0	75,745	0 050 %
j Total. Other Benefits	286	349,355	580,693	26,041	554,652	0 340 %
k Total. Add lines 7d and 7j .	289	352,545	28,093,858	22,825,404	5,268,454	3 170 %

Part IICommunity Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing	2		53,857		53,857	0.030 %
2Economic development	44		14,511		14,511	0.010 %
3Community support	236	107	27,204		27,204	0.020 %
4Environmental improvements						
5Leadership development and training for community members	16		4,562		4,562	0 %
6Coalition building	16		1,333		1,333	0 %
7Community health improvement advocacy	14		861		861	0 %
8Workforce development						
9Other						
10Total	328	107	102,328		102,328	0.060 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1Yes

Yes

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

211,295,882

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3545,139

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

555,988,044

6Enter Medicare allowable costs of care relating to payments on line 5.

659,904,908

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7-3,916,864

8Describe 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

9aDid the organization have a written debt collection policy during the tax year?

9aYes

Yes

bIf "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.

9bYes

Yes

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

Name, address, and primary website address

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	PORT HURON HOSPITAL 1221 PINE GROVE AVENUE PORT HURON, MI 48060	X	X					X			

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

PORT HURON HOSPITAL

Name of hospital facility or facility reporting group

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)

1

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	1	Yes	
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 the community health 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 CHNA 20 <u>11</u>			
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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	Yes	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		No
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5	Yes	
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 CHNA, indicate how (check all that apply to date)			
a ☒ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b ☒ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide plan			
d ☐ Participation in the execution of a community-wide 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 its 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 CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		No
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a		No
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$_____			

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		9	Yes
10 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>200 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		10	Yes
11 Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>350 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		11	Yes
12 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)		12	Yes
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)			
13 Explained the method for applying for financial assistance?		13	Yes
14 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		14	Yes
a ☐ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to 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 on admission to the hospital facility			
f ☒ The policy was available upon request			
g ☒ Other (describe in Part VI)			
Billing and Collections			
15 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?		15	Yes
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Part VI)			
17 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? If "Yes," check all actions in which the hospital facility or a third party engaged		17	No
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Part VI)			

Part V

Facility Information (continued)

- 18
- Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a

☐

Notified individuals of the financial assistance policy on admission
- b

☐

Notified individuals of the financial assistance policy prior to discharge
- c

☐

Notified individuals 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)

Policy Relating to Emergency Medical Care

		Yes	No
19	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?	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)		

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

20	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 its 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)		
21	During the tax year, did the hospital facility charge any FAP-eligible individuals 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?		No
	If "Yes," explain in Part VI		
22	During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?		No
	If "Yes," explain in Part VI		

Part V

Facility Information (continued)

Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
1	
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, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6l, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any 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
- 8
- Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6l, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

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 \$ 11295882
		PART II FOR MANY YEARS, OUR COMMUNITY LEADERS - WHICH HAVE ALWAYS INCLUDED PORT HURON HOSPITAL LEADERS - HAVE BELIEVED THAT "COMMUNITY BUILDING" IS AN INTEGRAL PART OF CREATING A FOUNDATION FOR BETTER HEALTH UNHEALTHY CHARACTERISTICS OF OUR SERVICE AREA, SUCH AS CHRONIC HIGH UNEMPLOYMENT, OBESITY RATES, BINGE DRINKING RATES, DEPRESSION, LOW HOME OWNERSHIP RATES, ETC ARE REDUCED BY OVERALL IMPROVEMENT IN KEY INDICES OF "HEALTHY COMMUNITIES" EMPLOYMENT, MEDIAN HOUSEHOLD INCOME, EDUCATION LEVEL, FRESH FRUITS AND VEGETABLES, RECREATION OPPORTUNITY, CULTURAL DIVERSITY OUR MANAGEMENT TEAM, COMPRISED OF SOME 60 PEOPLE (NOT COUNTING OVER 1400 ADDITIONAL NON-MANAGMENT EMPLOYEES), IS INVOLVED IN, AND OFTEN PROVIDES LEADERSHIP TO, OVER 50 COMMUNITY ORGANIZATIONS SUCH AS THE ROTARY CLUB, YMCA, CHAMBERS OF COMMERCE (VARIOUS COMMUNITIES), SCHOOL BOARDS, CHILD ABUSE AND NEGLECT COUNCIL, UNITED WAY, SALVATION ARMY, ST CLAIR COUNTY, COMMUNITY FOUNDATION, FAITH-BASED ORGANIZATIONS, GIRLS SCOUTS, HUMAN SERVICES COORDINATING BODY, HOSPICE HOUSE, ECONOMIC DEVELOPMENT AUTHORITY, AND PORT HURON AREA MUSEUM MANY OF THOSE ORGANIZATIONS WERE INVITED TO PARTICIPATE IN OUR COMMUNITY HEALTH NEEDS ASSESSMENT ALL MANAGERS ARE REQUESTED TO BECOME INVOLVED IN AT LEAST ONE COMMUNITY ORGANIZATION AS A WAY TO "GIVE BACK" TO OUR COMMUNITY, IMPACT COMMUNITY BUILDING, AND STAY "IN TOUCH" WITH THE COMMUNITIES WE SERVE FURTHERMORE, PORT HURON HOSPITAL TAKES PRIDE IN HIGH LEVELS OF PARTICIPATION IN AREA FUNDRAISERS AND COMMUNITY BUILDING ACTIVITIES SUCH AS MARCH OF DIMES, JAIL AND BAIL, WALK AMERICA, AMERICAN HEART WALK, UNITED WAY, WALK FOR WARMTH, ANNUAL BACK-TO-SCHOOL BACKPACK GIVEAWAY, AND THE CHILD ABUSE & NEGLECT ROOFSIT SOME OF THOSE EVENTS ARE OPPORTUNITIES FOR HEALTH EDUCATION, SCREENING AND PROMOTION OUTREACH PROVIDED BY OUR EMPLOYEES

Identifier	ReturnReference	Explanation
		PART III, LINE 4 ACCOUNTS RECEIVABLE FOR PATIENTS, INSURANCE COMPANIES, AND GOVERNMENTAL AGENCIES ARE BASED ON GROSS CHARGES AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IS ESTABLISHED ON AN AGGREGATE BASIS BY USING HISTORICAL WRITE-OFF RATE FACTORS APPLIED TO UNPAID ACCOUNTS BASED ON AGING LOSS RATE FACTORS ARE BASED ON HISTORICAL LOSS EXPERIENCE AND ADJUSTED FOR ECONOMIC CONDITIONS AND OTHER TRENDS AFFECTING THE HOSPITAL'S ABILITY TO COLLECT OUTSTANDING AMOUNTS UNCOLLECTIBLE AMOUNTS ARE WRITTEN OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IN THE PERIOD THEY ARE DETERMINED TO BE UNCOLLECTIBLE AN ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS AND INTERIM PAYMENT ADVANCES IS BASED ON EXPECTED PAYMENT RATES FROM PAYORS BASED ON CURRENT REIMBURSEMENT METHODOLOGIES THIS AMOUNT ALSO INCLUDES AMOUNTS RECEIVED AS INTERIM PAYMENTS AGAINST UNPAID CLAIMS BY CERTAIN PAYORS THE COST TO CHARGE RATIO WAS USED IN DETERMINING THE BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS WHO POTENTIALLY WOULD HAVE QUALIFIED UNDER THE ORGANIZATION'S CHARITY CARE POLICY
		PART III, LINE 8 PORT HURON HOSPITAL APPLIES THE COST TO CHARGE RATIO METHODOLOGY AS REQUIRED ALL OF THE SHORTFALL SHOULD BE CONSIDERED COMMUNITY BENEFIT

Identifier	ReturnReference	Explanation
		PART III, LINE 9B IF A PATIENT PARTICIPATES IN THE CHARITY CARE PROCESS, THE ACCOUNT IS WRITTEN OFF THE CHARITY AS PER THE CHARITY CARE PROCESS HOWEVER, IF THE PATIENT IS NON-PARTICIPATIVE IN THE CHARITY CARE PROCESS, THE NORMAL COLLECTION PROCESS WILL ENSUE
PORT HURON HOSPITAL		PART V, SECTION B, LINE 3 USING INITAL (PRE-FINAL) RULE GUIDANCE, ENGAGED A CONSULTANT, UTILIZED THE COUNTY-WIDE HEALTH ASSESSMENT PROFILE 2010 (IN WHICH HOSPITAL HAD PARTNERED) FOR BEHAVIORAL RISK FACTOR SURVEY STATISTICAL FINDING AND COMPARISONS, REVIEWED LOCAL DEMOGRAPHICS AND VITAL HEALTH STATISTICS DIALOGUED WITH THE COUNTY HEALTH DEPARTMENT ON APPROACH CONDUCTED SEVERAL KEY IMFORMANT INTERVIEWS CONDUCTED COMMUNITY STAKEHOLDERS ROUNDTABLE TO OBTAIN KEY INPUT REGARDING COMMUNITY HEALTH PRIORITIES ASSESSED CURRENT COMMUNITY HEALTH OFFERINGS AND DEVELOPED A COMMUNITY HEALTH NEEDS ASSESSMENT AND ACTION PLAN THAT WAS PRESENTED TO THE HOSPITAL BOARD OF TRUSTEES FOR APPROVAL THE ACTION PLAN WAS FURTHER UPDATED IN MARCH, 2013 BY THE BOARD

Identifier	ReturnReference	Explanation
PORT HURON HOSPITAL		PART V, SECTION B, LINE 7 THE HOSPITAL HAS SELECTED ONLY SOME OF THE NEEDS IDENTIFIED IN THE NEEDS ASSESSMENT TO ADDRESS IN THE PLAN, THOSE NEEDS THAT FITS ITS PURPOSE AND FOR WHICH THE HOSPITAL HAS A COMPARATIVE ADVANTAGE RELATIVE TO THE OTHER LOCAL AGENCIES OR RESOURCES FURTHERMORE, THE CHNA PLAN IS INTENDED TO SPAN AS MUCH AS 3 YEARS AND AS SUCH NOT ALL OF THE NEEDS IDENTIFIED IN THE CHNA HAVE YET BEEN ADDRESSED
PORT HURON HOSPITAL		PART V, SECTION B, LINE 12H PROPENSITY TO PAY

Identifier	ReturnReference	Explanation
PORT HURON HOSPITAL		PART V, SECTION B, LINE 14G PAMPHLETS ARE DISPLAYED AND AVAILABLE IN EMERGENCY ROOM
PORT HURON HOSPITAL		PART V, SECTION B, LINE 20D UPON REQUEST WE OFFER 20% PROMPT PAY DISCOUNT FOR NON CO-PAY AND DEDUCTIBLE PORTIONS AND 20% UNINSURED DISCOUNT IF THE PERSON IS STILL UNABLE TO PAY, WE REVIEW FOR CHARITY CARE OR CATASTROPHIC CARE

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 THE HOSPITAL ASSESSES HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES BY VARIOUS ONGOING AND AD HOC PROCESSES -PARTICIPATION IN PERIODIC (ST CLAIR) COUNTYWIDE NEEDS ASSESSMENT COORDINATED BY ST CLAIR COUNTY HEALTH DEPARTMENT -ANNUAL GAP ANALYSIS OF OUTMIGRATION FOR HEALTH CARE SERVICES THROUGH THE MICHIGAN INPATIENT DATA BASE -PERIODIC CONSUMER PERCEPTION AND PREFERENCES SURVEYS CONDUCTED BY INDEPENDENT PROFESSIONAL SURVEY FIRMS, E G EPIC - MRA, LANSING, MI -ANNUAL STRATEGIC PLANNING PROCESS INCLUDING STRATEGIC PLANNING EVENTS INVOLVING TRUSTEES, PHYSICIANS, AND MANAGEMENT TO REVIEW ENVIRONMENTAL ASSESSMENTS AND KEY STAKEHOLDER FEEDBACK TOWARD DEVELOPING HOSPITAL INITIATIVES FOR THE NEXT OPERATING CYCLE -HOSPITAL-SPONSORED ADVISORY AND MEMBERSHIP GROUPS SUCH AS "55 PLUS" AND "WOMEN'S WELLNESS ADVISORY TEAM" WHICH PROVIDE INPUT AS TO HOSPITAL DIRECTION ON BETTER ADDRESSING COMMUNITY HEALTH NEEDS -COMMITMENT TO ONGOING CONTINUOUS IMPROVEMENT FOR OVER 20 YEARS, THE HOSPITAL HAS BEEN COMMITTED TO THE PRINCIPLE OF CONTINUOUS IMPROVEMENT APPLIED TO ONGOING MANAGEMENT PLANNING, NUMEROUS OPPORTUNITIES TO BETTER SERVE OUR COMMUNITIES HAVE BEEN IDENTIFIED AND PURSUED SEVERAL OF THOSE PURSUITS CONTINUE TODAY AND ARE ENUMERATED ON THE IRS 990 SCHEDULE H WORKSHEET INCLUDED HERE THE LANG (HEALTH) LIBRARY INCORPORATED INTO THE HOSPITAL ENTRANCE ATRIUM PROVIDED SPECIAL HEALTH INFORMATION RESOURCES TO SCHOOLS, EDUCATORS, AND HEALTH CARE PROFESSIONALS, TODAY'S HEALTH WEEKLY HEALTH INFORMATION TELEVISION SHOW OVER THE LOCAL CABLE CHANNEL, AND HEALTH ACCESS, OUR HEALTH INFORMATION AND REFERRAL SERVICE OPERATING 80 HOURS PER WEEK, STAFFED BY RNS AND FIELDING 23,000 CALLS PER YEAR -PARTICIPATION IN AD HOC COMMUNITY INITIATIVES FOR THE PURPOSE OF ADDRESSING SPECIFIC COMMUNITY HEALTH GAPS SUCH AS (1) RECENT UNITED WAY - ST CLAIR COUNTY HEALTH DEPARTMENT INITIATIVE ON ESTABLISHING AN ADULT INDIGENT DENTAL CLINIC, AND (2) HELMET SAFETY INITIATIVE DEVELOPED THROUGH PHH FOUNDATION'S COMMUNITY BENEFIT COMMITTEE THAT INCLUDED SCHOOL DISTRICT AND POLICE REPRESENTATIVES
		PART VI, LINE 3 THE HOSPITAL HAS BROCHURES AVAILABLE FOR PATIENTS REGARDING THEIR OPTIONS THE HOSPITAL ALSO COMMUNICATES THAT A PATIENT MAY CALL IF THEY NEED FINANCIAL ASSISTANCE VIA PHONE CALLS AND BILLING STATEMENTS THE HOSPITAL HAS A REPRESENTATIVE THAT IS WILLING TO WORK WITH THE PATIENTS TO HELP THEM TRY TO GET INSURANCE OR OTHER FORMS OF ASSISTANCE

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 PORT HURON HOSPITAL AND ITS AFFILIATES SERVE A THREE-SIDED MARKET "HALF MOON", LIMITED TO THE EAST BY LAKE HURON AND THE ONATRIO, CA BORDER THAT MARKET IS DESCRIBED GENERALLY AS ST CLAIR COUNTY, SANILAC COUNTY, PLUS LESSER PARTS OF FOUR CONTINUOUS COUNTIES HURON, LAPEER, TUSCOLA, AND MACOMB THIS AREA IS LARGELY RURAL WITH THE LARGEST CITY, PORT HURON, CLAIMING A POPULATION OF AROUND 36,000 IT CAN BE DESCRIBED AS A BLUE COLLAR COMMUNITY SOME 25-30% OF WORKERS WHO RESIDE IN ST CLAIR COUNTY COMMUTE OUT OF COUNTY TO JOBS IN TOTAL, THE MARKET INCLUDES APPROXIMATELY 220,000 RESIDENTS, OF WHOM THREE QUARTERS RESIDE IN ST CLAIR COUNTY OUR MARKET FOLLOWS THE STATE AVERAGES DEMOGRAPHICALLY WITH SOME EXCEPTIONS A LOWER PERCENTAGE OF AFRICAN-AMERICANS, A HIGHER PERCENTAGE OF NATIVE-AMERICANS, A LOWER AVERAGE HOUSEHOLD INCOME, A HIGHER PERCENTAGE OF OVER AGE 65 POPULATION
		PART VI, LINE 5 N/A

Identifier	ReturnReference	Explanation
REPORTS FILED WITH STATES	PART VI, LINE 7	MI

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

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
PORT HURON HOSPITAL

Employer identification number

38-1369611

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. Part II can be duplicated if additional space is needed.

[illegible]

- | | | | |
|----------|---|---|----------|
| 2 | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | | <u>1</u> |
| 3 | Enter total number of other organizations listed in the line 1 table | | |

Part III

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

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

Part IV Supplemental Information.		
Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information		
Identifier	Return Reference	Explanation

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
		2012
		Open to Public Inspection

Name of the organization PORT HURON HOSPITAL	Employer identification number 38-1369611
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Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel ☒ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account	☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☒ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations	☒ Written employment contract ☒ Compensation survey or study ☒ 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		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(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, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 1A	HEALTH CLUB BENEFITS WERE PROVIDED TO THE CHIEF EXECUTIVE OFFICER AND TREATED AS TAXABLE COMPENSATION. TRAVEL FOR COMPANIONS WAS PROVIDED TO THE CHIEF EXECUTIVE OFFICER AND TREATED AS TAXABLE INCOME.
	PART I, LINE 4B	THE FOLLOWING INDIVIDUALS MADE CONTRIBUTIONS A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN: DAVID MCEWEN \$15,788; DR. MICHAEL TAWNEY \$21,039; THOMAS DEFAUW \$58,067; JOHN LISTON \$19,445; JENNIFER MONTGOMERY \$17,808; DORIS SEIDL \$11,827.
	PART I, LINE 6	PORT HURON HOSPITAL OFFERS AN ANNUAL INCENTIVE PROGRAM TO THE EXECUTIVE TEAM (PRESIDENT/CEO AND VICE-PRESIDENTS). THE EXECUTIVE COMPENSATION COMMITTEE OVERSEES THE ESTABLISHMENT, IMPLEMENTATION, AND APPROVAL OF THE INCENTIVE PROGRAMS. THE ANNUAL INCENTIVE PROGRAM PLAN CONTAINS 2 SETS OF MEASURES: CIRCUIT BREAKER AND ORGANIZATION INCENTIVE PROGRAM MEASURES, STANDARDS, AND WEIGHTS. CIRCUIT BREAKER MEASURES INCLUDE BOTH PATIENT SATISFACTION AND OPERATING INCOME PLUS A RESERVE FOR INCENTIVE COMPENSATION. THE SECOND SET OF MEASURES INCLUDES UP TO 5 MEASURES IMPORTANT TO THE ORGANIZATION. THE INCENTIVE PAYOUT IS CALCULATED AS A PERCENTAGE OF BASE SALARY, FROM A RANGE OF PERCENTAGES. THE PRESIDENT/CEO INCENTIVE RANGES FROM 18.5% TO 37% AND THE VICE PRESIDENTS RANGE FROM 12% TO 24%. FAILURE TO PERFORM AT BELOW THRESHOLD LEVELS FOR THE CIRCUIT BREAKER MEASURES RESULTS IN A CURTAILED OR ELIMINATED INCENTIVE PAYMENT.

Software ID:
Software Version:
EIN: 38-1369611
Name: PORT HURON HOSPITAL

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				
THOMAS D DEFAUW	(i) (ii)	490,676 0	126,906 0	58,139 0	71,567 0	20,959 0	768,247 0	0 0
JOHN LISTON	(i) (ii)	262,230 0	47,171 0	5,484 0	32,945 0	16,388 0	364,218 0	0 0
KATHLEEN METCALF	(i) (ii)	256,466 0	8,773 0	0 0	13,500 0	940 0	279,679 0	0 0
DR MICHAEL TAWNEY	(i) (ii)	291,482 0	51,525 0	8,795 0	27,789 0	27,405 0	406,996 0	0 0
DAVID MCEWEN	(i) (ii)	237,181 0	38,664 0	5,547 0	29,288 0	22,014 0	332,694 0	0 0
JENNIFER MONTGOMERY	(i) (ii)	241,086 0	43,200 0	5,062 0	30,541 0	4,014 0	323,903 0	0 0
GARY LEROY	(i) (ii)	156,034 0	26,455 0	36,997 0	29,958 0	13,076 0	262,520 0	0 0
DORIS SEIDL	(i) (ii)	162,580 0	27,900 0	7,665 0	27,881 0	10,376 0	236,402 0	0 0
ROBERT L BAUER MD	(i) (ii)	279,829 0	0 0	0 0	13,500 0	11,259 0	304,588 0	0 0
THOMAS F BROZOVICH MD	(i) (ii)	277,330 0	0 0	0 0	19,762 0	0 0	297,092 0	0 0
TIMOTHY R VANHOWE	(i) (ii)	243,301 0	0 0	0 0	10,933 0	0 0	254,234 0	0 0
TROY C REED	(i) (ii)	247,449 0	0 0	0 0	11,157 0	0 0	258,606 0	0 0
JOSEPH A GIZONI	(i) (ii)	225,101 0	0 0	0 0	11,855 0	12,262 0	249,218 0	0 0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
PORT HURON HOSPITAL

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 Part VI.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number
38-1369611

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	59465HKZ8	05-12-2009	14,645,000	FACILITY IMPROVEMENTS, EQUIPMENT ACQUISITIONS, CURRENT REFUNDINGS		X		X		X
B	MICHIGAN FINANCE AUTHORITY	80-0596186	59447PDV0	03-24-2011	23,815,000	FACILITY IMPROVEMENTS, EQUIPMENT ACQUISITIONS, CURRENT REFUNDINGS		X		X		X

Part II

Proceeds

				A		B		C		D	
1	Amount of bonds retired			12,326,228		5,146,110					
2	Amount of bonds legally defeased										
3	Total proceeds of issue			14,646,627		23,817,405					
4	Gross proceeds in reserve funds										
5	Capitalized interest from proceeds			292,633		292,633					
6	Proceeds in refunding escrows										
7	Issuance costs from proceeds			192,540		195,084					
8	Credit enhancement from proceeds										
9	Working capital expenditures from proceeds										
10	Capital expenditures from proceeds			6,393,895		6,296,919					
11	Other spent proceeds			8,060,193		12,522,332					
12	Other unspent proceeds			4,510,437		4,510,437					
13	Year of substantial completion			2012		2014					
				Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?			X		X					
15	Were the bonds issued as part of an advance refunding issue?				X		X				
16	Has the final allocation of proceeds been made?			X			X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?			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				
2	Are there any lease arrangements that may result in private business use of bond-financed property?				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 of bond-financed property?		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				
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								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV

Arbitrage

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

Part IV

Arbitrage (Continued)

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

Part V

Procedures To Undertake Corrective Action

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

Part VI

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

Identifier	Return Reference	Explanation
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Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization PORT HURON HOSPITAL	Employer identification number 38-1369611
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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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part IV

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) PHYSICIAN HEALTHCARE INVESTORS	BASSAM H NASR, MD, BOARD MEMBER OF PHH AND PART OWNER	80,495	RENTAL/LEASE SLEEP CENTER		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
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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

2012

Open to Public
Inspection

Name of the organization
PORT HURON HOSPITAL

Employer identification number
38-1369611

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF THIS CORPORATION IS BLUE WATER HEALTH SERVICES CORPORATION
	FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBER SHALL HAVE THE EXCLUSIVE RIGHT TO APPOINT AND REMOVE MEMBERS OF THE BOARD OF TRUSTEES
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 WAS PROVIDED TO THE BOARD FOR REVIEW PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12C	ALL TRUSTEES AND DIRECTORS ANNUALLY COMPLETE THE CONFLICT OF INTEREST POLICY THE GOVERNANCE REVIEWS THE CONFLICT OF INTEREST POLICY ANNUALLY AND DISCLOSES ANY POTENTIAL CONFLICTS AT THAT TIME ANY PERCEIVED OR POTENTIAL CONFLICTS ARE SHARED WITH THE BOARD CHAIR AND VICE-CHAIR FOR ANY DISCUSSION OR ACTION IF A CONFLICT SHOULD ARISE
	FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE COMPENSATION COMMITTEE IS A SUBCOMMITTEE OF THE BOARD OF DIRECTORS RESPONSIBLE FOR ANNUALLY EVALUATING THE PERFORMANCE AND COMPENSATION OF THE CHIEF EXECUTIVE OF THE CORPORATION THEY ARE RESPONSIBLE FOR ENSURING PORT HURON HOSPITAL CAN ATTRACT, RETAIN AND MOTIVATE TALENTED EXECUTIVES WHO ARE ENTRUSTED TO ACHIEVE PERFORMANCE OBJECTIVES AND TO FULFILL THE HOSPITAL'S MISSION THE COMMITTEE UTILIZES THE SERVICES OF AN INDEPENDENT CONSULTANT TO ANALYZE TOTAL REMUNERATION AND COMPARATIVE STUDIES TO ENSURE TOTAL COMPENSATION IS REASONABLE AND COMPETITIVE THE MOST RECENT YEAR THIS PROCESS WAS UNDERTAKEN WAS FISCAL YEAR 2013
	FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS ARE AVAILABLE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	CHANGE IN ADDITIONAL MINIMUM PENSION LIABILITY 11,025,982
	FORM 990, PART XII, LINE 2C	THERE HAVE BEEN NO CHANGES FROM PRIOR YEAR

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

2012

Open to Public Inspection

Name of the organization
PORT HURON HOSPITAL

Employer identification number
38-1369611

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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 entity?	
						Yes	No
(1) BLUE WATER HEALTH SERVICES CORPORATION 1221 PINE GROVE AVENUE PORT HURON, MI 48060 38-2453295	MANAGEMENT CORP	MI	501(C)(3)	LINE 9	N/A		No
(2) PORT HURON HOSPITAL FOUNDATION PO BOX 5011 PORT HURON, MI 48061 38-2777750	SUPPORTING ORG	MI	501(C)(3)	LINE 11A, I	PORT HURON HOSPITAL	Yes	
(3) MARWOOD MANOR NURSING HOME PO BOX 5011 PORT HURON, MI 48061 38-2683251	NURSING HOME	MI	501(C)(3)	LINE 9	BLUE WATER HEALTH SERVICES	Yes	
(4) PARKVIEW PROPERTY MANAGEMENT CORP PO BOX 5011 PORT HURON, MI 48061 38-2467310	MANAGEMENT CORP	MI	501(C)(3)	LINE 11A, I	PORT HURON HOSPITAL	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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?		(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	

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) WILLOW ENTERPRISES PO BOX 5011 PORT HURON, MI 48061 38-2491659	RENT/SALE OF MEDICAL EQUIPMENT	MI	PORT HURON HOSPITAL	C	361,733	2,638,627	100 000 %		No

Part V

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a Yes

1b Yes

1c Yes

1d

1e

1f

1g

1h

1i

1j Yes

1k Yes

1l Yes

1m Yes

1n

1o Yes

1p

1q Yes

1r

1s

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-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Schedule R (Form 990) 2012

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

[illegible]

Software ID:
Software Version:
EIN: 38-1369611
Name: PORT HURON HOSPITAL

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	
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--> Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
PARKVIEW PROPERTY MANAGEMENT CORP	J	520,612	ALLOCATION OF COST
PORT HURON HOSPITAL FOUNDATION	C	948,118	CASH
PARKVIEW PROPERTY MANAGEMENT CORP	B	7,319,852	CASH
PORT HURON HOSPITAL FOUNDATION	L	99,455	ALLOCATION OF COST
PARKVIEW PROPERTY MANAGEMENT CORP	L	31,275	ALLOCATION OF COST
MARWOOD MANOR NURSING HOME	L	114,473	ALLOCATION OF COST
WILLOW ENTERPRISES	L	71,176	ALLOCATION OF COST
WILLOW ENTERPRISES	K	62,148	ALLOCATION OF COST
WILLOW ENTERPRISES	O	2,578,743	ALLOCATION OF COST
PARKVIEW PROPERTY MANAGEMENT CORP	O	159,710	ALLOCATION OF COST
WILLOW ENTERPRISES	P	72,157	ALLOCATION OF COST
WILLOW ENTERPRISES	Q	27,842	ALLOCATION OF COST
PORT HURON HOSPITAL FOUNDATION	O	327,595	ALLOCATION OF COST
MARWOOD MANOR NURSING HOME	Q	323,337	ALLOCATION OF COST
PARKVIEW PROPERTY MANAGEMENT CORP	A	115,966	ALLOCATION OF COST
WILLOW ENTERPRISES	J	37,475	ALLOCATION OF COST

TY 2012 Category 3 filer statement**Name:** PORT HURON HOSPITAL**EIN:** 38-1369611

Amount Of Indebtedness	Type Of Indebtedness	Name	Address	Identifying Number	Number Of Shares
	N/A - THERE IS NO IN	NA - THERE ARE CURRENTLY NO SUBSCRIPTIONS FOR ANY			
	COMPANY, LTD. AND RE	CAYMICH INSURANCE COMPANY LTD'S STOCK			

TY 2012 Itemized Other Current Liabilities Schedule

Name: PORT HURON HOSPITAL

EIN: 38-1369611

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
CAYMICH INSURANCE COMPANY LTD	98-0128041	DUE TO BROKER	76,283	

TY 2012 Itemized Other Assets Schedule**Name:** PORT HURON HOSPITAL**EIN:** 38-1369611

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
CAYMICH INSURANCE COMPANY LTD	98-0128041	OUTSTANDING LOSS RESERVE RECOVERABLE	23,151,742	

TY 2012 Itemized Other Current Assets Schedule**Name:** PORT HURON HOSPITAL**EIN:** 38-1369611

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
CAYMICH INSURANCE COMPANY LTD	98-0128041	PREPAID EXPENSES	5,533	
		DUE FROM BROKER	86,749	
		INTEREST RECEIVABLE	337,490	
		RETURN PREMIUM RECEIVABLE	0	

TY 2012 Itemized Other Investments Schedule**Name:** PORT HURON HOSPITAL**EIN:** 38-1369611

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
CAYMICH INSURANCE COMPANY LTD	98-0128041	U S GOVERNMENT AND AGENCY SECURITIES	12,395,193	
		U S CORPORATE DEBT SECURITIES	36,098,536	
		EQUITY SECURITIES	17,310,355	
		NON-US FIXED INCOME SECURITIES	1,055,227	

TY 2012 Itemized Other Liabilities Schedule**Name:** PORT HURON HOSPITAL**EIN:** 38-1369611

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
CAYMICH INSURANCE COMPANY LTD	98-0128041	OUTSTANDING LOSSES, LOSS ADJUSTMENT EXP	92,888,232	

Port Huron Hospital and Subsidiaries

**Consolidated Financial Report
with Additional Information
June 30, 2013**

Port Huron Hospital and Subsidiaries

Contents

Report Letter	1-2
Consolidated Financial Statements	
Balance Sheet	3
Statement of Operations	4
Statement of Changes in Net Assets	5
Statement of Cash Flows	6
Notes to Consolidated Financial Statements	7-28
Additional Information	29
Report Letter	30
Consolidating Balance Sheet	31-32
Consolidating Statement of Operations	33

Independent Auditor's Report

To the Board of Directors
Port Huron Hospital and Subsidiaries

We have audited the accompanying consolidated financial statements of Port Huron Hospital and Subsidiaries (the "Hospital"), which comprise the consolidated balance sheet as of June 30, 2013 and 2012 and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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 audits to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

To the Board of Directors
Port Huron Hospital and Subsidiaries

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Port Huron Hospital and Subsidiaries as of June 30, 2013 and 2012 and the consolidated results of their operations and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As described in Note 1 to the consolidated financial statements, the Hospital adopted the provisions of Accounting Standards Update 2011-07, Health Care Entities (Topic 954), *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and Allowance for Doubtful Accounts for Certain Health Care Entities*, during 2013. Our opinion is not modified with respect to this matter.

Plante & Moran, PLLC

September 16, 2013

Port Huron Hospital and Subsidiaries

Consolidated Balance Sheet

	June 30, 2013	June 30, 2012
Assets		
Current Assets		
Cash and cash equivalents	\$ 30,370,765	\$ 27,440,276
Short-term investments (Note 6)	35,624,403	26,830,946
Accounts receivable - Net (Note 2)	6,973,786	6,670,239
Amounts due from affiliates (Note 15)	192,495	196,310
Estimated third-party payor settlements receivable (Note 3)	-	726,977
Assets limited as to use (Note 6)	2,135,003	4,270,397
Prepaid expenses and other	1,515,292	1,976,458
Inventories	5,756,876	5,578,711
Total current assets	82,568,620	73,690,314
Property and Equipment - Net (Note 5)	61,495,316	61,775,201
Other Assets (Note 6)	23,211,225	26,571,103
Total assets	\$ 167,275,161	\$ 162,036,618
Liabilities and Net Assets		
Current Liabilities		
Current portion of long-term debt (Note 9)	\$ 4,769,506	\$ 4,704,612
Accounts payable	7,023,268	8,524,220
Estimated third-party payor settlements payable (Note 3)	6,450,727	1,458,181
Accrued liabilities and other (Note 8)	13,766,390	12,040,838
Total current liabilities	32,009,891	26,727,851
Long-term Debt - Net of current portion (Note 9)	9,971,300	13,995,037
Other Liabilities (Note 10)	37,988,656	58,125,740
Total liabilities	79,969,847	98,848,628
Net Assets		
Unrestricted	84,880,674	60,925,753
Temporarily restricted	2,012,491	1,862,062
Permanently restricted	412,149	400,175
Total net assets	87,305,314	63,187,990
Total liabilities and net assets	\$ 167,275,161	\$ 162,036,618

Port Huron Hospital and Subsidiaries

Consolidated Statement of Operations

	Year Ended	
	June 30, 2013	June 30, 2012
Unrestricted Revenue, Gains, and Other Support		
Net patient service revenue	\$ 178,390,603	\$ 176,470,235
Provision for bad debts	(11,364,959)	(12,017,892)
Net patient service revenue less provision for bad debts	167,025,644	164,452,343
Other	5,441,513	4,217,421
Total unrestricted revenue, gains, and other support	172,467,157	168,669,764
Expenses		
Salaries and wages	69,023,692	67,204,115
Employee benefits and payroll taxes	13,414,780	12,918,626
Operating supplies and expenses	31,956,256	30,814,036
Purchased services	22,911,214	22,749,964
Insurance	1,550,649	1,838,816
Utilities	1,937,716	1,871,403
Other	13,178,295	13,453,366
Depreciation and amortization	9,149,481	9,164,468
Interest expense	562,794	734,027
Total expenses	163,684,877	160,748,821
Operating Income	8,782,280	7,920,943
Other Income (Loss)		
Interest income	1,139,674	1,321,467
Realized gain on sale of investments	1,349,329	513,480
Change in unrealized investment gain (loss)	1,238,796	(1,183,232)
Other	(457,447)	(552,584)
Total other income	3,270,352	99,131
Excess of Revenue Over Expenses	12,052,632	8,020,074
Pension-related Changes Other Than Net Periodic Pension Costs	11,025,982	(9,587,111)
Net Assets Released from Restriction	876,307	300,711
Increase (Decrease) in Unrestricted Net Assets	\$ 23,954,921	\$ (1,266,326)

Port Huron Hospital and Subsidiaries

Consolidated Statement of Changes in Net Assets

	Year Ended	
	June 30, 2013	June 30, 2012
Unrestricted Net Assets		
Excess of revenue over expenses	\$ 12,052,632	\$ 8,020,074
Pension-related changes other than net periodic pension costs	11,025,982	(9,587,111)
Net assets released from restriction	876,307	300,711
Increase (Decrease) in Unrestricted Net Assets	23,954,921	(1,266,326)
Temporarily Restricted Net Assets		
Restricted contributions	1,130,645	688,011
Program expenses	(208,127)	(211,486)
Restricted investment income	38,460	41,326
Net realized and unrealized gain (loss) on investments	152,661	(46,972)
Transfer to affiliate	(86,903)	(108,043)
Net assets released from restriction	(876,307)	(300,711)
Increase in Temporarily Restricted Net Assets	150,429	62,125
Increase in Permanently Restricted Net Assets - Investment income	11,974	954
Increase (Decrease) in Net Assets	24,117,324	(1,203,247)
Net Assets - Beginning of year	63,187,990	64,391,237
Net Assets - End of year	\$ 87,305,314	\$ 63,187,990

Port Huron Hospital and Subsidiaries

Consolidated Statement of Cash Flows

	Year Ended	
	June 30, 2013	June 30, 2012
Cash Flows from Operating Activities		
Increase (decrease) in net assets	\$ 24,117,324	\$ (1,203,247)
Adjustments to reconcile increase (decrease) in net assets to net cash from operating activities:		
Depreciation and amortization	9,149,481	9,164,468
Net change in unrealized gains and losses on investments	(1,348,335)	1,183,232
Realized gains on investments	(1,392,451)	(513,480)
Pension-related changes other than net periodic pension costs	(11,025,982)	9,587,111
Loss on disposal of equipment	108,918	534,962
Restricted contributions	(1,130,645)	(688,011)
Provision for bad debts	11,364,959	12,017,892
Changes in assets and liabilities which (used) provided cash:		
Accounts receivable	(11,668,506)	(9,844,324)
Other current assets	283,001	1,705,359
Cost report settlements	5,719,523	(1,528,582)
Other assets	1,546,534	126,285
Accounts payable	(1,500,952)	363,543
Accrued liabilities	1,725,552	(1,339,203)
Long-term liabilities	(9,111,102)	(2,663,072)
Net cash provided by operating activities	16,837,319	16,902,933
Cash Flows from Investing Activities		
Purchase of property and equipment	(8,938,659)	(10,710,762)
Proceeds from sale of property and equipment	6,699	160,721
Purchase of investments	(9,689,517)	(3,715,579)
Proceeds from sale and maturities of investments	7,542,845	2,655,986
Net cash used in investing activities	(11,078,632)	(11,609,634)
Cash Flows from Financing Activities		
Principal payment on long-term debt	(3,958,843)	(3,716,811)
Restricted contributions	1,130,645	688,011
Net cash used in financing activities	(2,828,198)	(3,028,800)
Net Increase in Cash and Cash Equivalents	2,930,489	2,264,499
Cash and Cash Equivalents - Beginning of year	27,440,276	25,175,777
Cash and Cash Equivalents - End of year	<u>\$ 30,370,765</u>	<u>\$ 27,440,276</u>
Supplemental Cash Flow Information - Cash paid for interest	<u>\$ 562,794</u>	<u>\$ 734,027</u>

Port Huron Hospital and Subsidiaries

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 1 - Nature of Business and Significant Accounting Policies

Organization - Port Huron Hospital (the "Hospital"), a not-for-profit corporation, provides healthcare services primarily to the residents of St. Clair County and surrounding areas. Port Huron Hospital Foundation, Willow Enterprises, Inc., and Parkview Property Management Corporation are wholly owned subsidiaries of the Hospital. The Hospital is a wholly owned subsidiary of Blue Water Health Services Corporation and Subsidiaries.

Basis of Consolidation - The accompanying consolidated financial statements include the accounts of the Hospital and its subsidiaries. All significant intercompany transactions and balances have been eliminated in consolidation.

Cash and Cash Equivalents - Cash and cash equivalents include cash and investments in highly liquid investments purchased with an original maturity of three months or less, excluding those amounts included in assets limited as to use.

Accounts Receivable - Accounts receivable for patients, insurance companies, and governmental agencies are based on gross charges. An allowance for contractual adjustments and interim payment advances is based on expected payment rates from payors based on current reimbursement methodologies. This amount also includes amounts received as interim payments against unpaid claims by certain payors. Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectibility of accounts receivable, the Hospital analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely).

For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Hospital records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts in the period they are determined to be uncollectible.

Port Huron Hospital and Subsidiaries

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 1 - Nature of Business and Significant Accounting Policies (Continued)

Inventories - Inventories, which consist of medical and office supplies and pharmaceutical products, are stated at cost, determined on a first-in, first-out basis or market.

Investments - Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the consolidated balance sheet. The Hospital's investment portfolio is classified as a trading portfolio, and therefore unrealized gains and losses are included in excess of revenue over expenses. Investment income or loss (including realized and unrealized gains and losses on investments, interest, and dividends) is included in other income (loss) unless the income or loss is restricted by donor or law.

The Hospital invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the consolidated balance sheet.

Assets Limited as to Use - Assets limited as to use include assets designated by the board of trustees for future capital improvement, assets held by trustees under indenture agreements, and self-insurance arrangements. The board retains control over assets held for future capital improvements and may, at its discretion, subsequently use for other purposes.

Property and Equipment - Property and equipment purchases are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method. Equipment under capital lease obligations is amortized on the straight-line method over the shorter of the lease term or the estimated useful life of the equipment. Such amortization is included in depreciation and amortization in the consolidated financial statements. Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

Professional and Other Liability Insurance - The Hospital accrues an estimate of the ultimate expense, including litigation and settlement expense, for incidents of potential improper professional service and other liability claims occurring during the year as well as for those claims that have not been reported at year end. The expected amount of insurance recoveries is recorded as a receivable, net of an allowance for uncollectible receivables.

Port Huron Hospital and Subsidiaries

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 1 - Nature of Business and Significant Accounting Policies (Continued)

Temporarily and Permanently Restricted Net Assets - Temporarily restricted net assets are those whose use by the Hospital has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by the Hospital in perpetuity.

Net Patient Service Revenue - The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. On the basis of historical experience, a significant portion of the Hospital's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Hospital records a significant provision for bad debts related to uninsured patients in the period the services are provided. Patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts), recognized in the period from these major payor sources, is as follows:

	Third-party Payors	Self-pay	Total All Payors
Patient service revenue (net of contractual allowances and discounts)	<u>\$ 162,600,000</u>	<u>\$ 15,800,000</u>	<u>\$ 178,400,000</u>

Retroactively calculated adjustments arising under reimbursement agreements with third-party payors are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods, as final settlements are determined.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Management believes that it is in compliance with all applicable laws and regulations. Final determination of compliance of such laws and regulations is subject to future government review and interpretation. Violations may result in significant regulatory action including fines, penalties, and exclusions from the Medicare and Medicaid programs.

Charity Care - The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than established rates. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

Port Huron Hospital and Subsidiaries

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 1 - Nature of Business and Significant Accounting Policies (Continued)

Charity care is determined based on established policies, using patient income and assets to determine payment ability. The amount reflects the cost of free or discounted health services, net of contributions and other revenues received, as direct assistance for the provision of charity care. The estimated cost of providing charity services is based on a calculation which applies a ratio of cost to charges to the gross uncompensated charges associated with providing care to charity patients. The ratio of cost to charges is calculated based on the Hospital's total expenses divided by gross patient service revenue. The estimated total services provided to indigent patients during 2013 and 2012 have been disclosed in Note 4.

Contributions - The Hospital reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the consolidated statement of changes in net assets as net assets released from restrictions.

The Hospital reports gifts of property and equipment as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Hospital reports the expiration of donor restrictions when the assets are placed in service.

Excess of Revenue Over Expenses - The consolidated statement of operations includes excess of revenue over expenses. Changes in unrestricted net assets, which are excluded from excess of revenue over expenses, consistent with industry practice, include net assets released from restrictions for the acquisition of long-lived assets, permanent transfers of assets to and from affiliates for other than goods and services, and pension-related changes other than net periodic benefit cost.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Port Huron Hospital and Subsidiaries

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 1 - Nature of Business and Significant Accounting Policies (Continued)

Federal Income Tax - The Internal Revenue Service has ruled that the Hospital and its subsidiaries, aside from Willow Enterprises, Inc., are exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code, and accordingly, no tax provision is reflected in the consolidated financial statements. Willow Enterprises, Inc. is a taxable corporation. Income tax provisions for this entity are not material to the consolidated financial statements.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Hospital and recognize a tax liability if the Hospital has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or other applicable taxing authorities. Management has analyzed the tax positions taken by the Hospital and has concluded that as of June 30, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the consolidated financial statements. The Hospital is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Management believes it is no longer subject to income tax examinations for years prior to June 30, 2010.

Electronic Health Records Incentive Payments - The American Recovery and Reinvestment Act of 2009 (ARRA) established funding in order to provide incentive payments to hospitals and physicians that implement the use of electronic health record (EHR) technology by 2014. The Hospital may receive an incentive payment for up to four years, provided the Hospital demonstrates meaningful use of certified EHR technology during the EHR reporting period. The revenue from the incentive payments is recognized ratably over the EHR reporting period when there is reasonable assurance that the Hospital will comply with the eligibility requirements during the EHR reporting period and an incentive payment will be received. The amounts are recorded within other operating revenue as the incentive payments are related to the Hospital's ongoing and central activities, yet not critical to the delivery of patient service.

Subsequent Events - The consolidated financial statements and related disclosures include evaluation of events up through and including September 16, 2013, which is the date the consolidated financial statements were available to be issued.

New Accounting Pronouncement - During 2011, the Financial Accounting Standards Board (FASB) adopted Accounting Standards Update (ASU) 2011-07, *Health Care Entities (Topic 954) Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities*, establishing accounting and disclosures for healthcare entities recognizing significant amounts of patient service revenue at the time services are rendered even though the entities do not assess a patient's ability to pay.

Port Huron Hospital and Subsidiaries

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 1 - Nature of Business and Significant Accounting Policies (Continued)

The amendments in the ASU change the presentation of the statement of operations and add new disclosures that are not required under current GAAP for entities within the scope of this update. The provision for bad debts associated with patient service revenue for certain entities is required to be presented on a separate line as a deduction from patient service revenue (net of contractual allowances and discounts) in the statement of operations. For the Hospital, the ASU is effective for the year ended June 30, 2013 and the provision has been applied retrospectively to the year ended June 30, 2012. As a result of the retrospective application, total unrestricted revenue, gains, and other support and total operating expenses decreased by \$12,017,892 with no change to excess of revenue over expenses for the year ended June 30, 2012. The update requires new disclosures to be provided on a prospective basis, and have therefore been presented for the year ended June 30, 2013 only.

Note 2 - Patient Accounts Receivable

The details of patient accounts receivable are as follows:

	2013	2012
Patient accounts receivable	\$ 67,423,524	\$ 70,818,383
Less allowance for uncollectible accounts	(12,585,779)	(13,636,403)
Less allowance for contractual adjustments	(47,863,959)	(50,511,741)
Net patient accounts receivable	\$ 6,973,786	\$ 6,670,239

The Hospital grants credit without collateral to patients, most of whom are local residents and are insured under third-party payor agreements. The composition of receivables from patients and third-party payors was as follows:

	Percentage	
	2013	2012
Medicare	35 %	35 %
Blue Cross/Blue Shield of Michigan	11	13
Medicaid	3	2
Commercial insurance and HMOs	23	23
Self pay	28	27
Total	100 %	100 %

Port Huron Hospital and Subsidiaries

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 3 - Estimated Third-party Payor Settlements

A significant portion of the Hospital's net patient service revenue is received from the Medicare, Medicaid, and Blue Cross/Blue Shield of Michigan programs, as well as health maintenance organizations. The Hospital has agreements with third-party payors that provide for reimbursement at amounts different from established rates. A summary of the basis of reimbursement with these third-party payors is as follows:

- **Medicare** - Inpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system based on clinical, diagnostic, and other factors. Outpatient services related to Medicare beneficiaries are reimbursed based on a prospectively determined amount per episode of care.
- **Medicaid** - Inpatient, acute-care services rendered to Medicaid program beneficiaries are also paid at prospectively determined rates per discharge. Capital costs relating to Medicaid patients are paid on a cost reimbursement method. Outpatient and physician services are reimbursed on an established fee-for-service methodology.
- **Blue Cross/Blue Shield of Michigan** - Inpatient, acute-care services are reimbursed at prospectively determined rates per discharge. Outpatient services are reimbursed on fee-for-service and percentage-of-charge bases.
- **Health Maintenance Organizations** - Services rendered to HMO beneficiaries are paid at predetermined rates or at a percentage of hospital charges.

Cost report settlements result from the adjustment of interim payments to final reimbursement under the Medicare, Medicaid, Blue Cross/Blue Shield of Michigan, and HMO programs that are subject to audit by fiscal intermediaries. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change in the near term.

The Medicare program has initiated a recovery audit contractor (RAC) initiative, whereby claims subsequent to October 1, 2007 will be reviewed by contractors for validity, accuracy, and proper documentation. A demonstration project completed in several other states resulted in the identification of potential significant overpayments. The RAC program began for Michigan in 2009. There is potential for additional overpayment of claims liability for the Hospital at a future date.

Port Huron Hospital and Subsidiaries

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 4 - Community Benefit

In support of its mission, the Hospital provides various health-related services, at a loss, to the indigent and other residents in its service area. The following is a summary of the Hospital's community benefit expense for the years ended June 30:

	2013	2012
Charity care - At cost	\$ 1,555,936	\$ 1,103,316

In addition, the Hospital provides various community partnership programs which provide services to patients with inadequate health care resources or to other groups within the community that need special services and support. Examples include programs related to the poor, elderly, substance abuse, child abuse, and others with specific particular health care needs. They also include broader populations who benefit from health community initiatives such as health promotion, education, and health screening.

Note 5 - Property and Equipment

The cost of property, plant, and equipment and depreciable lives are summarized as follows:

	2013	2012	Depreciable Life - Years
Land	\$ 17,549,373	\$ 17,374,402	-
Buildings	94,708,144	92,797,149	20-40
Equipment	67,578,633	66,750,524	5-10
Construction in progress	5,213,439	4,141,436	-
Total cost	185,049,589	181,063,511	
Accumulated depreciation	(123,554,273)	(119,288,310)	
Net property and equipment	\$ 61,495,316	\$ 61,775,201	

Construction in progress relates to various projects throughout the Hospital. As of June 30, 2013, approximately \$2,300,000 of this balance related to purchase of a new information technology system.

As of June 30, 2013, the Hospital has approximately \$250,000 in future capital purchase commitments outstanding.

Depreciation expense on property and equipment totaled \$9,102,926 and \$9,117,915 in 2013 and 2012, respectively.

Port Huron Hospital and Subsidiaries

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 6 - Other Assets

The detail of other assets is summarized in the following schedule:

	2013	2012
Investments (at market value):		
Assets limited as to use and permanently or temporarily restricted:		
Funds held by trustees under bond indenture	\$ 2,135,003	\$ 4,270,397
Funds held in trust for payment of professional and other liability claims	12,971,774	14,707,687
Funds held by foundation for specific purposes	2,927,807	3,055,756
Total	18,034,584	22,033,840
Less amount for payment of current liabilities	(2,135,003)	(4,270,397)
Total assets limited as to use and permanently or temporarily restricted	15,899,581	17,763,443
General investments	3,999,069	3,877,757
Total investments	19,898,650	21,641,200
Deferred charge - Bond issue costs	84,421	130,976
Investment in unconsolidated affiliate (Note 13)	1,634,366	1,671,473
Other	1,593,788	3,127,454
Total other assets	\$ 23,211,225	\$ 26,571,103

Investments, including short-term investments, consist of the following:

	2013	2012
Cash and cash equivalents	\$ 4,710,515	\$ 7,407,319
Commercial paper	6,990,550	-
Government securities	167,142	286,463
Mutual funds	36,283,613	36,101,608
Corporate bonds	649,527	903,135
Common stocks	8,856,709	8,044,018
Total	\$ 57,658,056	\$ 52,742,543

Funds held by the trustee under bond indenture are held for the purpose of making future bond principal and interest payments and payments for certain construction projects. Investment income accrues to the funds as earned.

Port Huron Hospital and Subsidiaries

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 6 - Other Assets (Continued)

Investment income and gains and losses are comprised of the following for the years ended June 30:

	2013	2012
Investment income included in other income	\$ 1,139,674	\$ 1,321,467
Unrestricted gains on investments included in other income	1,349,329	513,480
Investment income (loss) on temporarily and permanently restricted investments included in the consolidated statement of changes in net assets	203,095	(4,692)
Change in unrestricted net unrealized gains (losses) on investments	1,238,796	(1,183,232)
Total	\$ 3,930,894	\$ 647,023

Note 7 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following tables present information about the Hospital's assets measured at fair value on a recurring basis at June 30, 2013 and 2012 and the valuation techniques used by the Hospital to determine those fair values.

In general, fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Hospital has the ability to access.

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals.

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

Port Huron Hospital and Subsidiaries

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 7 - Fair Value Measurements (Continued)

In instances where inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Hospital's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

Assets Measured at Fair Value on a Recurring Basis at June 30, 2013

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Balance at June 30, 2013
Investments				
Common stock	\$ 8,856,709	\$ -	\$ -	\$ 8,856,709
Corporate bonds	-	649,527	-	649,527
Commercial paper	-	6,990,550	-	6,990,550
Government bonds	-	167,142	-	167,142
Mutual funds:				
Equity investments	21,503,881	-	-	21,503,881
Fixed income	14,779,732	-	-	14,779,732
Total mutual funds	36,283,613	-	-	36,283,613
Total investments	\$ 45,140,322	\$ 7,807,219	\$ -	\$ 52,947,541

The investments at June 30, 2013 included cash and cash equivalents of \$4,710,515 which are not measured at fair value on a recurring basis and therefore are not included in the table above.

Assets Measured at Fair Value on a Recurring Basis at June 30, 2012

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Balance at June 30, 2012
Investments				
Common stock	\$ 8,044,018	\$ -	\$ -	\$ 8,044,018
Corporate bonds	-	903,135	-	903,135
Government bonds	-	286,463	-	286,463
Mutual funds:				
Equity investments	19,100,478	-	-	19,100,478
Fixed income	17,001,130	-	-	17,001,130
Total mutual funds	36,101,608	-	-	36,101,608
Total investments	\$ 44,145,626	\$ 1,189,598	\$ -	\$ 45,335,224

Port Huron Hospital and Subsidiaries

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 7 - Fair Value Measurements (Continued)

The investments at June 30, 2012 included cash and cash equivalents of \$7,407,319 which are not measured at fair value on a recurring basis and therefore are not included in the table above.

The fair value of corporate and government bonds and commercial paper at June 30, 2013 was determined primarily based on Level 2 inputs. The Hospital estimates the fair value of these investments using maturity dates and interest rates as dictated by each respective security.

The Hospital's policy is to recognize transfers in and transfers out of Level 1, 2, and 3 fair value classifications as of the actual date of the event of change in circumstances that caused the transfer.

The following methods and assumptions were used to estimate the fair value of each class of financial instruments for which it is practicable to estimate that value:

Cash and Cash Equivalents - The carrying amount approximates fair value because of the short maturity of those instruments.

Investments - Fair values, which are the amounts reported in the consolidated balance sheet, are based on quoted market prices.

Accounts Receivable, Accounts Payable, and Accrued Liabilities - The carrying amount reported in the consolidated balance sheet for accounts receivable, accounts payable, and accrued liabilities approximates its fair value.

Estimated Third-party Payor Settlements - Net - The carrying amount reported in the consolidated balance sheet for estimated third-party payor settlements - net approximates its fair value.

Long-term Debt - The fair value of the Hospital's bonds is estimated based on current traded value. The fair value of the Hospital's remaining debt is estimated using discounted cash flow analysis, based on current investment borrowing rates for similar types of borrowing arrangements. The carrying amount of long-term debt approximates market value at June 30, 2013 and 2012.

Note 8 - Accrued and Other Current Liabilities

The details of accrued liabilities at June 30, 2013 and 2012 are as follows:

	2013	2012
Payroll and related items	\$ 3,083,963	\$ 2,367,896
Compensated absences	3,505,000	3,520,000
Current portion of accrued pension costs (Note 12)	4,903,485	4,040,000
Other	2,273,942	2,112,942
Total accrued liabilities	<u>\$ 13,766,390</u>	<u>\$ 12,040,838</u>

Port Huron Hospital and Subsidiaries

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 9 - Long-term Debt

A summary of long-term debt at June 30, 2013 and 2012 is as follows:

	2013	2012
Hospital Revenue Bonds, Series 2009A - See below	\$ 1,773,054	\$ 3,207,710
Hospital Revenue Refunding Bonds, Series 2011A - See below	3,773,949	5,440,546
Hospital Revenue Refunding Bonds, Series 2011B - See below	7,591,606	8,158,358
Note payable to a bank, due in monthly installments of \$5,803, including interest at 2.75 percent, secured by an office building, with a balloon payment due September 30, 2014	515,233	584,870
Note payable to a bank, due in monthly payments of \$6,667, including interest at 1.59 percent (LIBOR plus 1.0 percent), with a balloon payment due June 1, 2014	720,041	800,046
Other	366,923	508,119
Total	14,740,806	18,699,649
Less current portion	4,769,506	4,704,612
Long-term portion	<u>\$ 9,971,300</u>	<u>\$ 13,995,037</u>

The Hospital, Port Huron Hospital Foundation, Willow Enterprises, Parkview Property Management, the Hospital's parent, Blue Water Health Services Corporation, and an affiliate, Marwood Manor Nursing Home, comprise The Port Huron Hospital Obligated Group (the "Obligated Group"), which was created under a master indenture and security agreement. Total obligations outstanding under the master indenture amounted to approximately \$20,990,000 and \$25,490,000 at June 30, 2013 and 2012, respectively. Each entity is jointly liable for the total amount of obligations outstanding. Amounts reflected within the Hospital's consolidated financial statements relate only to the Hospital's portion of this Obligated Group debt. The Hospital serves as the Obligated Group's agent.

The Hospital Revenue Bonds, Series 2009A were issued in May 2009 by the Michigan State Hospital Finance Authority and covered by the master indenture. The bonds are a direct placement bond with a bank and the proceeds were loaned to the Hospital under a loan agreement. The proceeds were used to finance certain equipment purchases and to refund various HELP loans. The Hospital pledged certain equipment as collateral for obligations. The bonds bear interest at 5.33 percent and are due in monthly amounts of \$130,904, including interest.

Port Huron Hospital and Subsidiaries

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 9 - Long-term Debt (Continued)

The Hospital Revenue Refunding Bonds, Series 2011A were issued in March 2011 by the Michigan Finance Authority and covered by the master indenture. The bonds are a direct placement bond with a bank and the proceeds were loaned to the Hospital under a loan agreement. The proceeds were used to finance certain equipment purchases and to refund various outstanding loans. The Hospital pledged certain equipment as collateral for obligations. The bonds bear interest at 2.76 percent and are due in monthly amounts of approximately \$150,000, including interest.

The Hospital Revenue Refunding Bonds, Series 2011B were issued in March 2011 by the Michigan Finance Authority and covered by the master indenture. The bonds are a direct placement bond with a bank, and the proceeds were loaned to the Hospital under a loan agreement. The proceeds were used to finance certain equipment purchases and refund various outstanding loans. The Hospital pledged certain equipment as collateral for obligations. The bonds bear interest at 3.44 percent and are due in monthly amounts of approximately \$70,000, including interest. The Series 2011B bonds have a mandatory put on August 15, 2015. The scheduled outstanding balance at the time of the put is \$6,364,250.

Scheduled principal repayments on long-term debt obligations for 2013 are as follows:

Years Ending June 30	Amount
2014	\$ 4,769,506
2015	3,241,474
2016	6,723,393
2017	6,433
Total	<u>\$ 14,740,806</u>

Note 10 - Other Liabilities

The detail of other liabilities is as follows:

	2013	2012
Accrued pension cost (Note 12)	\$ 26,695,222	\$ 43,052,689
Accrued professional and other liability claims (Note 11)	6,844,010	10,208,000
Other	<u>4,449,424</u>	<u>4,865,051</u>
Total other liabilities	<u>\$ 37,988,656</u>	<u>\$ 58,125,740</u>

Port Huron Hospital and Subsidiaries

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 11 - Professional Liability Self-insurance

The Hospital maintains a program of self-insurance for professional and other liability claims. A revocable trust is maintained with a trustee to provide funds for payment of any future settlements. The Hospital makes necessary contributions to the trust fund, as determined by an independent actuary, to adequately provide for asserted or expected claims. The Hospital is also a stockholder in an off-shore captive insurance company through which excess liability coverage is obtained on a claims-made basis.

At June 30, 2013 and 2012, the Hospital made provisions for the estimated losses in connection with those professional and other liability claims for incidents occurring during the years then ended for which amounts can be reasonably estimated, including provision for claims incurred but not reported at year end. Estimates are based upon projections by an independent actuary and the evaluation of claims of substance by professional liability legal counsel. The provisions include the estimated liability of professional and other liability claims, as well as an estimate of defense cost. Any insurance recoveries expected have been recorded as receivable.

The assets of the trusts are included in the consolidated balance sheet with assets limited as to use.

Note 12 - Pension and Other Postretirement Benefit Plans

The Hospital maintains a defined benefit pension plan for substantially all of its employees. Benefits paid under the plan are based generally on employees' years of service and compensation levels during employment. The plan requires annual contributions which are sufficient to meet the minimum funding standards of the Employee Retirement Income Security Act. The Hospital froze the defined benefit plan for all new participants as of July 1, 2007. On August 23, 2011, the Hospital board further resolved to discontinue the accrual of benefits for all plan participants starting December 31, 2011. All participants enrolled in the plan as of July 1, 2007 continued to accumulate benefits within the plan through December 31, 2011. As a result of the discontinuance of the benefit accrual, the Hospital changed the amortization period for the amounts previously not recognized in net periodic pension cost from the estimated service period of participants to the estimated average life expectancy of plan participants.

Port Huron Hospital and Subsidiaries

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 12 - Pension and Other Postretirement Benefit Plans (Continued)

Obligations and Funded Status

At June 30	Pension Benefits	
	2013	2012
Change in Benefit Obligation		
Benefit obligation at beginning of year	\$ 123,690,386	\$ 118,771,624
Service cost	-	576,665
Interest cost	5,170,212	6,033,865
Amendments	-	(18,120,673)
Actuarial (loss) gain	(10,274,067)	20,131,119
Benefits paid	(4,693,039)	(3,702,214)
Benefit obligation at end of year	113,893,492	123,690,386
Change in Plan Assets		
Fair value of plan assets at beginning of year	76,597,697	76,070,147
Actual return on plan assets	6,306,976	(1,492,625)
Employer contributions	4,083,151	5,722,389
Benefits paid	(4,693,039)	(3,702,214)
Fair value of plan assets at end of year	82,294,785	76,597,697
Funded status at end of year	\$ (31,598,707)	\$ (47,092,689)

Amounts recognized in the consolidated balance sheet consist of the following:

	Pension Benefits	
	2013	2012
Current liabilities	\$ (4,903,485)	\$ (4,040,000)
Noncurrent liabilities	(26,695,222)	(43,052,689)
Total	\$ (31,598,707)	\$ (47,092,689)

Included in unrestricted net assets are the following amounts that have not yet been recognized in net periodic pension cost:

	Pension Benefits	
	2013	2012
Net loss	\$ 38,443,473	\$ 49,309,087

Port Huron Hospital and Subsidiaries

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 12 - Pension and Other Postretirement Benefit Plans (Continued)

Information for pension plans with an accumulated benefit obligation in excess of plan assets is as follows:

	2013	2012
Projected benefit obligation	\$ 113,893,492	\$ 123,690,386
Accumulated benefit obligation	113,893,492	123,690,386
Fair value of plan assets	82,294,785	76,597,697

Components of net periodic benefit cost and pension-related changes other than net periodic pension costs are as follows:

	Pension Benefits	
	2013	2012
Net Periodic Benefit Cost		
Service cost	\$ -	\$ 576,665
Interest cost	5,344,420	6,235,309
Expected return on plan assets	(6,712,424)	(6,557,154)
Amortization of prior service cost	-	2,990
Amortization of net loss	996,995	655,484
Curtailment loss	-	39,202
Total	(371,009)	952,496
Pension-related Changes Other Than Net Periodic Pension Costs		
Net (gain) loss	(10,028,987)	28,405,460
Amortization of transition asset	(996,995)	(655,484)
Curtailment adjustment of net loss and prior service cost	-	(18,159,875)
Amortization of prior service cost	-	(2,990)
Total	(11,025,982)	9,587,111
Total recognized in net periodic benefit cost and other changes in unrestricted net assets	\$ (11,396,991)	\$ 10,539,607

The curtailment adjustments as noted above are related to the freeze of the plan, effective in December 2011.

The estimated net loss and prior service cost for the defined benefit pension plan that will be amortized from unrestricted net assets into net periodic benefit cost over the next fiscal year are \$784,121 and \$0, respectively.

Port Huron Hospital and Subsidiaries

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 12 - Pension and Other Postretirement Benefit Plans (Continued)

Assumptions

Weighted average assumptions used to determine benefit obligations at June 30 are as follows:

	Pension Benefits	
	2013	2012
Discount rate	5.00 %	4.25 %

Due to the fact that participants are no longer accruing benefits under this plan, the actuary has excluded any wage rate increase during the year from the defined benefit obligation calculation.

Weighted average assumptions used to determine net periodic benefit cost for the years ended June 30 are as follows:

	Pension Benefits	
	2013	2012
Discount rate	4.25 %	5.75 %
Expected long-term return on plan assets	8.00	8.00
Rate of compensation increase	3.84	3.84

The overall expected rate of return on plan assets represents a weighted average composite rate based on the historical rates of returns of the respective asset classes adjusted for anticipated market movements.

Plan Assets

	2013	2012
Asset Category		
Equity securities	63 %	60 %
Debt securities	31	35
Other	6	5
Total	100 %	100 %

The goals of the investment program are to fully fund the obligation to pay retirement benefits in accordance with the plan documents and to provide returns that, along with appropriate funding from the Hospital, maintain an asset/liability ratio that is in compliance with all applicable laws and regulations and assures timely payment of retirement benefits.

Port Huron Hospital and Subsidiaries

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 12 - Pension and Other Postretirement Benefit Plans (Continued)

Contributions

The Hospital expects to contribute \$4,903,485 to its pension plan in 2014.

Estimated Future Benefit Payments

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid:

2014	\$	4,397,579
2015		4,663,903
2016		4,948,909
2017		5,218,319
2018		5,509,779
2019-2022		32,518,698

The fair value of total plan assets as of June 30, 2013 is as follows:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Balance at June 30, 2013
Common stock	\$ 37,678,874	\$ -	\$ -	\$ 37,678,874
Fixed-income mutual funds	11,846,873	-	-	11,846,873
Money market funds	13,011,975	-	-	13,011,975
U.S. government notes	-	3,884,130	-	3,884,130
Federal agency bonds	-	616,484	-	616,484
Corporate bonds	-	8,274,641	-	8,274,641
Preferred/Convertible securities	2,059,250	-	-	2,059,250
Alternative investments - Fund of funds (I)	-	934,145	3,988,413	4,922,558
Total	<u>\$ 64,596,972</u>	<u>\$ 13,709,400</u>	<u>\$ 3,988,413</u>	<u>\$ 82,294,785</u>

Port Huron Hospital and Subsidiaries

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 12 - Pension and Other Postretirement Benefit Plans (Continued)

The fair value of total plan assets as of June 30, 2012 is as follows:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Balance at June 30, 2012
Common stock	\$ 39,768,341	\$ -	\$ -	\$ 39,768,341
Fixed-income mutual funds	4,309,608	-	-	4,309,608
Money market funds	12,611,273	-	-	12,611,273
U.S. government notes	-	3,441,793	-	3,441,793
Federal agency bonds	-	2,794,101	-	2,794,101
Corporate bonds	-	8,265,272	-	8,265,272
Preferred/Convertible securities	1,896,854	-	-	1,896,854
Alternative investments - Fund of funds (1)	-	-	3,510,455	3,510,455
Total	<u>\$ 58,586,076</u>	<u>\$ 14,501,166</u>	<u>\$ 3,510,455</u>	<u>\$ 76,597,697</u>

- (1) The alternative investments - fund of funds class includes several hedge funds that primarily invest in other funds and managed futures. Investments are valued at the net asset value per share multiplied by the number of shares held as of the measurement date. As of June 30, 2013 and 2012, these funds did not have any unfunded commitments.

Investments in Entities that Calculate Net Asset Value per Share

The Plan holds shares or interests in investment companies at year end whereby the fair value of the investment held is estimated based on the net asset value per share (or its equivalent) of the investment company. At June 30, 2013 and 2012, the fair value is \$3,988,413 and \$3,510,455, respectively, and the redemption notice period is 20 days on these investments.

Note 13 - Investment in Affiliates

The Hospital was the owner of 50 percent interest in Tri-Hospital MRI Center until April 30, 2012 when the entity was dissolved. A receivable of \$0 and \$1,367,931 has been recognized within other assets for the amount due to the Hospital for its interest in this entity as of June 30, 2013 and 2012, respectively. The Hospital continues to have a one-third interest in Tri-Hospital EMS Corporation, which provides various ambulance services.

The Hospital has additional investments in affiliates that are not material to the consolidated financial statements.

Port Huron Hospital and Subsidiaries

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 13 - Investment in Affiliates (Continued)

The following is a summary of financial position and results of operations of Tri-Hospital EMS Corporation as of June 30, 2013 and 2012:

	2013	2012
Tri-Hospital EMS Corporation:		
Total assets	\$ 5,073,215	\$ 5,227,228
Total liabilities	405,951	466,540
Stockholders' equity	\$ 4,667,264	\$ 4,760,688
Excess of revenue (under) over expenses	\$ (93,424)	\$ 170,278

Note 14 - Operating Leases

Total expense under all operating leases for facilities and equipment was approximately \$6,585,000 and \$6,074,000 for the years ended June 30, 2013 and 2012, respectively.

The following is a schedule of future minimum lease payments under operating leases that have initial or remaining lease terms in excess of one year:

Years Ending June 30	Amount
2014	\$ 1,482,248
2015	260,031
2016	66,108
2017	1,384
Total	\$ 1,809,771

Port Huron Hospital and Subsidiaries

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 15 - Related Party Transactions

The Hospital is a subsidiary of Blue Water Health Services Corporation (BWHS), a nonprofit common parent, whose purpose is to provide general guidance and direction to its subsidiaries, including Port Huron Hospital and Marwood Manor. The Hospital is also involved in various joint ventures, including Tri-Hospital MRI Center through April 30, 2012 and Tri-Hospital EMS Corporation. Transactions with affiliated companies are reflected in the consolidated financial statements as follows:

	2013	2012
Due from Marwood Manor	\$ 90,201	\$ 102,294
Due to Marwood Manor	14,073	254,202
Revenue from Marwood Manor	513,174	479,427
Expenses to Tri-Hospital MRI Center	-	175,950
Revenue from Tri-Hospital MRI Center	-	1,244,645
Due from Blue Water Health Services Corporation	102,294	94,016
Revenue from Blue Water Health Services Corporation	6,300	7,918
Revenue from Tri-Hospital EMS Corporation	30,476	30,727

Note 16 - Functional Expenses

The Hospital fulfills the healthcare requirements of residents in the community it serves by providing as its principal function a complete array of necessary healthcare services through an integrated network that includes the Hospital and an ambulatory center and related programs. Functional expenses related to providing these services for the years ended June 30, 2013 and 2012 are as follows:

	2013	2012
Healthcare services	\$ 142,536,734	\$ 141,201,322
General and administrative	21,148,143	19,547,499
Total	<u>\$ 163,684,877</u>	<u>\$ 160,748,821</u>

Additional Information

Independent Auditor's Report on Additional Information

To the Board of Directors
Port Huron Hospital and Subsidiaries

We have audited the consolidated financial statements of Port Huron Hospital and Subsidiaries as of and for the years ended June 30, 2013 and 2012. Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating balance sheet and consolidating statement of operations are presented for the purpose of additional analysis 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. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information 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, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Plante & Moran, PLLC

September 16, 2013

Port Huron Hospital and Subsidiaries

Consolidating Balance Sheet June 30, 2013

	Port Huron Hospital	Port Huron Hospital Foundation	Willow Enterprises, Inc.	Parkview Property Management Corporation	Eliminating Entries	Total
Assets						
Current Assets						
Cash and cash equivalents	\$ 28,900,575	\$ 447,770	\$ 800,178	\$ 222,242	\$ -	\$ 30,370,765
Short-term investments	35,624,403	-	-	-	-	35,624,403
Accounts receivable - Net	6,234,525	-	733,531	5,730	-	6,973,786
Amounts due from affiliates	4,455,730	-	-	-	(4,263,235)	192,495
Assets limited as to use	2,135,003	-	-	-	-	2,135,003
Prepaid expenses and other	1,486,658	2,525	18,191	7,918	-	1,515,292
Inventories	4,917,340	-	839,536	-	-	5,756,876
Total current assets	83,754,234	450,295	2,391,436	235,890	(4,263,235)	82,568,620
Property and Equipment - Net	46,444,016	-	246,191	14,805,109	-	61,495,316
Other Assets	21,856,943	3,563,498	1,000	-	(2,210,216)	23,211,225
Total assets	<u>\$ 152,055,193</u>	<u>\$ 4,013,793</u>	<u>\$ 2,638,627</u>	<u>\$ 15,040,999</u>	<u>\$ (6,473,451)</u>	<u>\$ 167,275,161</u>

Port Huron Hospital and Subsidiaries

Consolidating Balance Sheet (Continued) June 30, 2013

	Port Huron Hospital	Port Huron Hospital Foundation	Willow Enterprises, Inc.	Parkview Property Management Corporation	Eliminating Entries	Total
Liabilities and Net Assets						
Current Liabilities						
Current portion of long-term debt	\$ 3,979,828	\$ -	\$ -	\$ 909,678	\$ (120,000)	\$ 4,769,506
Notes payable	-	-	387,670	3,285,930	(3,673,600)	-
Accounts payable	6,684,300	589,638	265,744	73,224	(589,638)	7,023,268
Estimated third-party payor settlements payable	6,450,727	-	-	-	-	6,450,727
Accrued liabilities and other	13,762,442	-	-	3,948	-	13,766,390
Total current liabilities	30,877,297	589,638	653,414	4,272,780	(4,383,238)	32,009,891
Long-term Debt - Net of current portion	9,525,704	-	-	550,596	(105,000)	9,971,300
Other Liabilities	37,739,447	249,209	-	-	-	37,988,656
Total liabilities	78,142,448	838,847	653,414	4,823,376	(4,488,238)	79,969,847
Net Assets						
Unrestricted	73,912,745	750,306	1,985,213	10,217,623	(1,985,213)	84,880,674
Temporarily restricted	-	2,012,491	-	-	-	2,012,491
Permanently restricted	-	412,149	-	-	-	412,149
Total liabilities and net assets	<u>\$ 152,055,193</u>	<u>\$ 4,013,793</u>	<u>\$ 2,638,627</u>	<u>\$ 15,040,999</u>	<u>\$ (6,473,451)</u>	<u>\$ 167,275,161</u>

Port Huron Hospital and Subsidiaries

Consolidating Statement of Operations Year Ended June 30, 2013

	Port Huron Hospital	Port Huron Hospital Foundation	Willow Enterprises, Inc	Parkview Property Management Corporation	Eliminations	Totals
Unrestricted Revenue, Gains, and Other Support						
Net patient service revenue	\$ 174,485,964	\$ -	\$ 3,993,711	\$ -	\$ (89,072)	\$ 178,390,603
Provision for bad debts	(11,295,882)	-	(66,786)	(2,291)	-	(11,364,959)
Net patient service revenue less provision for bad debts	163,190,082	-	3,926,925	(2,291)	(89,072)	167,025,644
Other	4,652,305	-	1,648	1,392,189	(604,629)	5,441,513
Total unrestricted revenue, gains, and other support	167,842,387	-	3,928,573	1,389,898	(693,701)	172,467,157
Expenses						
Salaries and wages	66,703,477	-	2,099,842	122,375	97,998	69,023,692
Employee benefits and payroll taxes	12,926,700	-	476,487	37,335	(25,742)	13,414,780
Operating supplies and expenses	31,794,703	-	111,926	62,847	(13,220)	31,956,256
Purchased services	22,980,116	-	308,204	312,600	(689,706)	22,911,214
Insurance	1,468,573	-	26,565	55,511	-	1,550,649
Utilities	1,783,175	-	38,858	115,683	-	1,937,716
Other	12,542,902	-	432,438	303,461	(100,506)	13,178,295
Depreciation and amortization	8,405,351	-	69,332	674,798	-	9,149,481
Interest expense	534,718	-	2,843	144,042	(118,809)	562,794
Total expenses	159,139,715	-	3,566,495	1,828,652	(849,985)	163,684,877
Operating Income (Loss)	8,702,672	-	362,078	(438,754)	156,284	8,782,280
Other Income (Loss)						
Interest income	1,239,233	19,150	-	100	(118,809)	1,139,674
Realized gain on sale of investments	1,265,806	83,523	-	-	-	1,349,329
Change in unrealized investment gain (loss)	1,171,531	67,265	-	-	-	1,238,796
Other	275,561	(333,455)	(348)	-	(399,205)	(457,447)
Total other income (loss)	3,952,131	(163,517)	(348)	100	(518,014)	3,270,352
Excess of Revenue Over (Under) Expenses	12,654,803	(163,517)	361,730	(438,654)	(361,730)	12,052,632
Transfer to Affiliate	(7,319,852)	-	-	7,319,852	-	-
Pension-related Changes Other Than Net Periodic Pension Costs	11,025,982	-	-	-	-	11,025,982
Net Assets Released from Restriction	948,118	(71,811)	-	-	-	876,307
Increase (Decrease) in Unrestricted Net Assets	\$ 17,309,051	\$ (235,328)	\$ 361,730	\$ 6,881,198	\$ (361,730)	\$ 23,954,921