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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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

C Name of organization
HENRY FORD HEALTH SYSTEM

Doing Business As

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

City or town, state or province, country, and ZIP or foreign postal code
DETROIT, MI 48202

D Employer identification number
38-1357020

E Telephone number
(313)876-8714

G Gross receipts $ 2,480,288,287

F Name and address of principal officer
EDWARD G CHADWICK
ONE FORD PLACE
DETROIT, MI 48202

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW HENRYFORD COM

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

L Year of formation 1915

M State of legal domicile MI

Part I Summary

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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	19,289
6	Total number of volunteers (estimate if necessary)	**6**	613
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	14,130,739
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-3,236,851

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	39,102,359	81,272,136
	9 Program service revenue (Part VIII, line 2g)	2,246,297,088	2,205,701,741
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,055,433	44,029,071
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	52,541,957	63,051,021
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,359,996,837	2,394,053,969
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,713,320	4,382,510
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,303,406,357	1,341,928,645
	16a Professional fundraising fees (Part IX, column (A), line 11e)	378,507	58,480
	b Total fundraising expenses (Part IX, column (D), line 25) ▶5,882,377		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,045,667,322	1,071,834,895
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,353,165,506	2,418,204,530
	19 Revenue less expenses Subtract line 18 from line 12	6,831,331	-24,150,561

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	1,917,359,827	1,965,056,471
	21 Total liabilities (Part X, line 26)	1,356,831,080	1,344,803,705
	22 Net assets or fund balances Subtract line 21 from line 20	560,528,747	620,252,766

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2014-11-12

▶ EDWARD G CHADWICK EVP/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00121981

Firm's name ▶ DELOITTE TAX LLP — Firm's EIN ▶ 86-1065772

Firm's address ▶ 200 RENAISSANCE CENTER SUITE 3900
DETROIT, MI 48243 — Phone no (313) 396-3000

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 1,075,824,770 including grants of $ 4,382,510) (Revenue $ 1,075,199,385)

INPATIENT HOSPITALS HENRY FORD HEALTH SYSTEM IS HONORED TO BE THE ONLY ORGANIZATION IN MICHIGAN AND ONE OF FOUR NATIONALLY TO RECEIVE THE 2011 MALCOLM BALDRIGE NATIONAL QUALITY AWARD FOR PERFORMANCE EXCELLENCE A KEY FACET OF OUR AWARD-WINNNING OPERATIONS IS THE COMMUNITY PILLAR, SUPPORTING OUR VISION OF TRANSFORMING LIVES AND COMMUNITIES THROUGH HEALTH AND WELLNESS-ONE PERSON AT A TIME THE ORGANIZATION OPERATES HENRY FORD HOSPITAL (HFH), AN 877 BED TERTIARY CARE HOSPITAL, EDUCATION AND RESEARCH COMPLEX IN THE NEW CENTER AREA OF DETROIT, MICHIGAN THE HOSPITAL IS RECOGNIZED FOR CLINICAL EXCELLENCE AND INNOVATION IN THE FIELDS OF CARDIOLOGY AND CARDIOVASCULAR SURGERY, NEUROLOGY AND NEUROSURGERY, ORTHOPEDICS AND SPORTS MEDICINE, AND TREATMENT OF PROSTATE, BREAST AND LUNG CANCERS AMONG OTHERS THE HOSPITAL IS A MULTI-ORGAN TRANSPLANT CENTER AND LEVEL 1 TRAUMA CENTER THE HOSPITAL HAD REVENUES OF MORE THAN $855 MILLION AND MORE THAN 41,000 ADMISSIONS DURING 2013 MORE THAN 1,000 MEDICAL RESIDENTS, FELLOWS AND STUDENTS PARTICIPATED IN THE ORGANIZATION'S VARIOUS EDUCATIONAL PROGRAMS WEST BLOOMFIELD HOSPITAL, AN OPERATING UNIT OF HFHS, OPENED MARCH 15, 2009 LOCATED IN WEST BLOOMFIELD, THE 300-BED, ALL PRIVATE ROOM HOSPITAL OPENED WITH 191 BEDS, WITH AN ADDITIONAL 109 BEDS PLANNED OFFERS COMPREHENSIVE MEDICAL CARE, INCLUDING 24-HOUR EMERGENCY CARE, NEUROSCIENCES, WOMEN'S AND CHILDREN'S HEALTH, ORTHOPAEDICS, DIAGNOSTIC TESTING AND A WELLNESS CENTER WITH COMPLEMENTARY THERAPIES A GREENHOUSE GROWS ORGANIC PRODUCE FOR PATIENTS, STAFF AND COMMUNITY THE HOSPITAL HAD REVENUES OF $220 MILLION, AND ADMITTED 13,000 PATIENTS DURING 2013 TEACHING, RESEARCH, AND ADVANCED PATIENT CARE MAKE HFHS A PREMIER ACADEMIC MEDICAL CENTER AFFILIATED WITH WAYNE STATE UNIVERSITY'S SCHOOL OF MEDICINE, HENRY FORD PROVIDES INNOVATIVE PHYSICIAN TRAINING PROGRAMS AND COLLABORATES ON LEADING-EDGE MEDICAL RESEARCH HENRY FORD MEDICAL EDUCATION OVERVIEW MEDICAL EDUCATION PROGRAMS OFFERED BY HENRY FORD HEALTH SYSTEM INCLUDE UNDERGRADUATE, GRADUATE, CONTINUING, AND ALLIED HEALTH TRAINING PROGRAMS THROUGHOUT SOUTHEAST MICHIGAN THE SYSTEM'S FLAGSHIP HOSPITAL, HENRY FORD HOSPITAL IN DETROIT, IS ONE OF THE NATION'S LARGEST RESEARCH CENTERS, WITH MORE THAN $70 MILLION IN RESEARCH FUNDING FROM THE NATIONAL INSTITUTES OF HEALTH AND OTHER SOURCES AS ONE OF THE LARGEST MEDICAL EDUCATION TEACHING CENTERS IN THE NATION, HENRY FORD TRAINS MORE THAN 1,600 DOCTORS EVERY YEAR HENRY FORD HOSPITAL DOCTORS TRAIN MORE THAN 600 MEDICAL SCHOOL STUDENTS, 500 RESIDENTS AND 150 FELLOWS ACROSS 46 DIFFERENT AREAS OF MEDICINE EVERY YEAR HENRY FORD HOSPITAL RESIDENCY AND FELLOWSHIP PROGRAMS ARE NATIONALLY ACCREDITED M D (DOCTORATE OF MEDICINE) TRAINING PROGRAMS HENRY FORD MACOMB HOSPITALS AND HENRY FORD WYANDOTTE HOSPITAL TRAIN MORE THAN 200 MEDICAL STUDENTS AND 200 RESIDENTS EVERY YEAR THESE HOSPITALS OFFER NATIONALLY ACCREDITED D O (DOCTORATE OF OSTEOPATHIC MEDICINE) AND D P M (DOCTORATE OF PODIATRIC MEDICINE) TRAINING PROGRAMS AS TEACHING PHYSICIANS, HENRY FORD MEDICAL GROUP DOCTORS ARE ALSO FACULTY MEMBERS AT THE WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE, AND MANY OTHER HENRY FORD TEACHING DOCTORS ARE FACULTY MEMBERS AT THE MICHIGAN STATE UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE HENRY FORD HOSPITAL HEALTH SYSTEM'S CENTER FOR SIMULATION, EDUCATION AND RESEARCH ALLOWS DOCTORS TO PRACTICE NEW SKILLS ON LIFE-LIKE MANNEQUINS (ADULT AND CHILD) TO GAIN EXPERIENCE BEFORE CARING FOR THE HUMAN PATIENT THIS 15,000 SQUARE FOOT TRAINING CENTER INCLUDES HIGH-TECH COMPUTERS WHICH CREATE HUNDREDS OF DIFFERENT MEDICAL CONDITIONS IN SURGERY, LABOR AND DELIVERY, INTENSIVE CARE, EMERGENCY AND ROUTINE HOSPITAL PROCEDURES

4b (Code) (Expenses $ 783,960,701 including grants of $) (Revenue $ 691,932,206)

OUTPATIENT CLINICS THE ORGANIZATION INCLUDES THE HENRY FORD MEDICAL GROUP (HFMG),ONE OF THE NATION'S LARGEST GROUP PRACTICES, WITH 1,200 PHYSICIANS AND RESEARCHERS IN 40 SPECIALTIES FROM 60 COUNTRIES WHO STAFF HENRY FORD HOSPITAL AND HENRY FORD WEST BLOOMFIELD HOSPITAL, ALONG WITH 29 HENRY FORD MEDICAL CENTERS, ENCOMPASSING MORE THAN 2 2 MILLION VISITS HENRY FORD'S MEDICAL CENTERS ARE LOCATED IN WAYNE, OAKLAND, MACOMB AND WASHTENAW COUNTIES SOME MEDICAL GROUP PHYSICIANS ALSO ARE ON STAFF AT OTHER HENRY FORD HOSPITALS THREE MEDICAL CENTERS PROVIDE 24-HOUR EMERGENCY CARE AND AMBULATORY SURGERY AND ARE PRIMARY CARE STROKE CENTERS FOUNDED IN 1915 AFTER CONSULTATIONS WITH PHYSICIANS AT JOHNS HOPKINS HOSPITAL AND THE MAYO CLINIC, THE HENRY FORD MEDICAL GROUP HAS ESTABLISHED ITSELF AS ONE OF THE PREMIER GROUP PRACTICES IN THE NATION OUR LARGE ACADEMIC ENTERPRISE PLACES US IN THE TOP THREE OF TRADITIONALLY INDEPENDENT GROUP PRACTICES THROUGH CLINICAL CARE THE BREADTH AND DEPTH OF THE HENRY FORD MEDICAL GROUP'S CLINICAL SERVICES IS UNPARALLELED BY ANY OTHER INDEPENDENT ACADEMIC MEDICAL CENTER OUR SCALE AND SCOPE ARE IN THE 99TH PERCENTILE OF ALL GROUP PRACTICES, WITH VISIT VOLUMES LARGER THAN MOST GROUP PRACTICES WE ARE NATIONAL LEADERS IN PRIMARY CARE WITH EXPERTISE IN PREVENTIVE CARE SERVICES AND THE HEALTH MANAGEMENT OF SENIOR CITIZENS OUR SPECIALTY CENTERS OF EXCELLENCE ARE NATIONAL LEADERS AS WELL, PROVIDING ADVANCED TERTIARY AND QUATERNARY CARE WITH A FOCUS ON DISCOVERY AND INNOVATION EDUCATION ONE-THIRD OF ALL PHYSICIANS IN MICHIGAN RECEIVED TRAINING AT HENRY FORD, AND OUR POST-GRADUATE MEDICAL EDUCATION ENTERPRISE IS AMONG THE LARGEST IN THE COUNTRY RESEARCH HENRY FORD IS IN THE TOP 20% OF ALL INSTITUTIONS GRANTED FUNDING BY THE NIH AND U S PUBLIC HEALTH SERVICE, AND RANKS FIRST IN MICHIGAN FOR NIH-RESEARCH FUNDING FOR NON-UNIVERSITY BASED HEALTH CARE SYSTEMS LEADERS IN ACADEMIC MEDICINE AND CLINICAL CARE THE HENRY FORD MEDICAL GROUP IS AMONG THE BEST ORGANIZED IN THE COUNTRY OUR SELF-GOVERNED, EMPLOYED PHYSICIAN PRACTICE PROGRAM HAS BEEN COPIED BY MANY OTHERS BECAUSE OF OUR CONTINUING SUCCESS EVEN THROUGH THE TOUGHEST ECONOMIC TIMES THE BRIGHTEST MINDS IN MEDICINE ARE ATTRACTED TO BECOME PART OF THE HENRY FORD MEDICAL GROUP BECAUSE OUR ORGANIZATION PROVIDES PHYSICIANS THE INDEPENDENCE TO PURSUE ADVANCED CLINICAL CARE WHILE UNDERTAKING RESEARCH AS WELL AS ACADEMIC EDUCATIONAL INITIATIVES FOR NEARLY 100 YEARS NOW THE HENRY FORD MEDICAL GROUP HAS FOSTERED ADVANCEMENT IN PATIENT CARE, RESEARCH, AND EDUCATION WHILE ENCOURAGING INNOVATION IN TECHNOLOGY AND PATIENT CARE PROCESSES BOTH IN THE OUTPATIENT AND HOSPITAL SETTINGS FOR THESE REASONS HENRY FORD MEDICAL GROUP PHYSICIANS ARE CONSISTENTLY SELECTED BY THEIR PHYSICIAN PEERS AS TOP DOCTORS IN VARIOUS LOCAL AND NATIONAL PUBLISHED SURVEYS AND TO LEAD NATIONAL AND STATE MEDICAL ASSOCIATIONS HENRY FORD MEDICAL GROUP PHYSICIANS WORK TOGETHER IN LEADERSHIP AND AS EVERYDAY PARTNERS TO CONTINUE TO BRING THE BEST POSSIBLE CARE TO EVERY PATIENT WE SERVE

4c (Code) (Expenses $ 130,694,419 including grants of $) (Revenue $ 128,086,200)

EMERGENCY ROOM SERVICES THE ORGANIZATION DIRECTLY OPERATES FIVE 24 HOUR EMERGENCY FACILITIES, ONE OF WHICH IS A LEVEL 1 TRAUMA CENTER LOCATED IN THE CITY OF DETROIT EMERGENCY SERVICES RECOGNIZED MORE THAN $128 MILLION IN REVENUE DURING 2013 REPRESENTING 220,000 PATIENT VISITS

(Code) (Expenses $ 161,820,206 including grants of $) (Revenue $ 372,378,594)

OTHER PROGRAM SERVICES INCLUDES HFHS RESEARCH SERVICES, ALONG WITH HFHS COMMUNITY CARE SERVICES, WHICH OFFERS A BROAD LEVEL OF SERVICES AT NUMEROUS GEOGRAPHIC LOCATIONS INCLUDING NURSING CARE, HOME CARE, SENIOR CARE, PHARMACIES, EYE CARE, HOSPICE CARE, OCCUPATIONAL HEALTH, DIALYSIS AND A DEDICATED CANCER CENTER, APARTMENT RENTALS FOR MEDICAL RESIDENTS & PATIENT FAMILY MEMBERS, FITNESS CENTER & ATHLETIC TRAINING SERVICES, AND SCHOOL BASED HEALTH PROGRAMS RESEARCH IS A VITAL COMPONENT OF THE MISSION OF HENRY FORD HEALTH SYSTEM-HENRY FORD HEALTH SYSTEM'S MISSION IS TO IMPROVE HUMAN LIFE THROUGH EXCELLENCE IN THE SCIENCE AND ART OF HEALTH CARE AND HEALING THIS MISSION IS STRONGLY SUPPORTED AND ENHANCED BY THE DEDICATED STAFF PURSUING SCIENTIFIC ACTIVITIES SINCE 1915, HENRY FORD HOSPITAL PHYSICIANS AND SCIENTISTS HAVE FOCUSED THEIR EFFORTS ON A WIDE VARIETY OF TOPICS CRITICAL TO UNDERSTANDING THE MECHANISMS OF DISEASE AND DEVELOPING NEW, VIABLE TREATMENT OPTIONS OVER THE PAST YEAR AND A HALF, HENRY FORD HEALTH SYSTEM (HFHS) HAS ENJOYED GREAT SUCCESS IN SECURING EXTERNAL RESEARCH GRANTS AND CONTRACTS EXTERNAL GRANT FUNDING HAS BEEN RECEIVED FROM THE NATIONAL INSTITUTES OF HEALTH (NIH), OTHER FEDERAL AGENCIES, PHARMACEUTICAL COMPANIES AND INDUSTRY, STATE AND LOCAL AGENCIES, AND FOUNDATIONS, SUCH AS THE AMERICAN HEART ASSOCIATION IN 2013, $27 4 MILLION WAS AWARDED BY NIH AND OTHER FEDERAL AGENCIES AND $29 MILLION BY INDUSTRY "DESPITE THE FACT THAT THE NIH BUDGET HAS NOT KEPT UP WITH INFLATION SINCE 2002, AND THE FACT THAT THE RECENT RECESSION RESULTED IN SUBSTANTIVE FUNDING CUTS, OUR SCIENTISTS AND PHYSICIANS HAVE WORKED DILIGENTLY TO CONTINUE TO SUBMIT GRANTS FOR ALL AVAILABLE FUNDING OPPORTUNITIES," SAYS MARGOT LAPOINTE, PH D , VICE PRESIDENT FOR RESEARCH, HENRY FORD HEALTH SYSTEM "WE ARE HOPEFUL THAT OUR RESEARCH ENTERPRISE IS NOW ON A GROWTH TRAJECTORY AFTER SEVERAL YEARS OF STAGNATION " ALTHOUGH HFHS IS NOT PART OF A UNIVERSITY OR MEDICAL SCHOOL, THERE HAS BEEN SUPPORT FOR THE SYSTEM'S RESEARCH THROUGHOUT ITS HISTORY THIS DRIVE TO UNDERSTAND DISEASE MECHANISM AND DISCOVER NEW THERAPIES IS MANIFESTED BY THE CONTINUUM OF BIOMEDICAL RESEARCH PERFORMED AT HENRY FORD THE SYSTEM HAS 80 FULL-TIME RESEARCH BIO-SCIENTIFIC STAFF DOING BASIC SCIENCE STUDIES IN CARDIOVASCULAR AND RENAL DISEASES SUCH AS HYPERTENSION AND HEART FAILURE, STROKE/BRAIN INJURY/BRAIN TUMORS, POPULATION HEALTH AND HEALTHCARE RESEARCH, CANCER THERAPEUTICS, BONE AND JOINT DISEASES, IMMUNOLOGY AND IMAGING, AMONG OTHERS IN ADDITION, DOZENS OF PHYSICIANS AND THEIR CLINICAL SUPPORT STAFF ARE ENGAGED IN PATIENT-ORIENTED STUDIES AT THIS TIME, HFHS HAS MORE THAN 1,800 OPEN STUDIES APPROVED BY ITS INSTITUTIONAL REVIEW BOARD, WITH A SMALL NUMBER OF THESE STUDIES ALSO APPROVED IN CONJUNCTION WITH WAYNE STATE UNIVERSITY AND MICHIGAN STATE UNIVERSITY THE BASIC SCIENCE BIOMEDICAL RESEARCH PROGRAMS RECEIVING THE MOST EXTERNAL FUNDING DURING THIS TIME PERIOD OF GROWTH WERE PUBLIC HEALTH SCIENCES, NEUROLOGY RESEARCH (STROKE, TRAUMATIC BRAIN INJURY, ETC), HYPERTENSION RESEARCH AND CARDIOVASCULAR RESEARCH (IN PARTICULAR, HEART FAILURE) IN CLINICAL RESEARCH, THE MAJORITY OF FUNDING HAS GONE TO THE DEPARTMENT OF INTERNAL MEDICINE WHERE THE DIVISIONS OF INFECTIOUS DISEASES, GASTROENTEROLOGY, HEMATOLOGY/ONCOLOGY AND CARDIOLOGY ARE LEADING THE WAY THE INFRASTRUCTURE AT HFHS ALLOWS US TO HAVE A RESEARCH PROGRAM FAR LARGER THAN OTHER NON-UNIVERSITY-BASED HEALTH CARE SYSTEMS IN THE STATE OF MICHIGAN, WHERE OUR NIH FUNDING IS TEN TIMES HIGHER THAN HFHS'S CLOSEST COMPETITOR IN 2013, HFHS WAS FOURTH IN MICHIGAN, TRAILING ITS THREE LARGEST UNIVERSITIES, AND RANKED 192ND OUT OF ALL 2,495 INSTITUTIONS RECEIVING NIH GRANTS

4d Other program services (Describe in Schedule O)

(Expenses $ 161,820,206 including grants of $) (Revenue $ 372,378,594)

4e **Total program service expenses** ▶ 2,152,300,096

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		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	Yes	
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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	Yes	
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 or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	985		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	25		
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	19,289		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible 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		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** 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 or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	21		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**		Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ 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

▶ EDWARD G CHADWICK ONE FORD PLACE
DETROIT, MI 48202 (313) 876-8714

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

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

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

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

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

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

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

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

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			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								18,264,927	0	2,238,879

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1,791

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SIEMENS ENTERPRISE COMMUNICATIONS INC PO BOX 99076 CHICAGO IL 606939076	INFORMATION SERVICES	43,771,937
CSC COVANSYS CORPORATION 22475 NETWORK PLACE CHICAGO IL 606731224	INFORMATION SERVICES	32,030,033
EPIC SYSTEMS CORPORATION PO BOX 88314 MILWAUKEE WI 532880314	INFORMATION SERVICES	15,826,245
ACT 1 PERSONNEL SERVICES PO BOX 2886 TORRANCE CA 905092886	STAFFING SERVICES	13,335,914
INFORMATION BUILDERS INC PO BOX 7247-7482 PHILADELPHIA PA 191707482	INFORMATION SERVICES	9,757,321

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 ▶ 240

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	1,828,366			
	d	Related organizations . . .	1d	17,900,000			
	e	Government grants (contributions)	1e	16,860,134			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	44,683,636			
	g	Noncash contributions included in lines 1a-1f $		1,488,126			
	h	**Total.** Add lines 1a-1f . . . . . ▶			81,272,136		
Program Service Revenue			Business Code				
	2a	INPATIENT HOSPITALS	900099	1,075,199,385	1,075,199,385		
	b	OUTPATIENT CLINICS	621400	691,932,206	691,932,206		
	c	EMERGENCY ROOM SERVICES	900099	128,086,200	128,086,200		
	d	MEDICAL EDUCATION-GME	900099	47,179,047	47,179,047		
	e	PATIENT-RELATED RENTAL	531110	2,535,989	2,535,989		
	f	All other program service revenue		260,768,914	258,160,107	2,608,807	
	g	**Total.** Add lines 2a–2f . . . . . ▶		2,205,701,741			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		21,778,220			21,778,220
	4	Income from investment of tax-exempt bond proceeds . . ▶		906,123			906,123
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	391,436	21,992,864			
	b	Less cost or other basis and sales expenses	0	1,039,572			
	c	Gain or (loss)	391,436	20,953,292			
	d	Net gain or (loss) . . . . . ▶			21,344,728	20,953,292	391,436
Other Revenue	8a	Gross income from fundraising events (not including $ 1,828,366 of contributions reported on line 1c) See Part IV, line 18 . .	a	581,682			
	b	Less direct expenses . . .	b	1,015,375			
	c	Net income or (loss) from fundraising events . . ▶			-433,693		-433,693
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a	94,042			
	b	Less direct expenses . . .	b	57,092			
	c	Net income or (loss) from gaming activities . . ▶			36,950		36,950
	10a	Gross sales of inventory, less returns and allowances .	a	116,854,157			
	b	Less cost of goods sold . .	b	84,122,279			
	c	Net income or (loss) from sales of inventory . . ▶			32,731,878	21,209,946	11,521,932
		Miscellaneous Revenue	Business Code				
	11a	OTHER PHARMACY	900099		16,411,073	16,411,073	
	b	CAFETERIA & GIFT SHOP	900099		6,523,233		6,523,233
	c	JOINT VENTURE INCOME	621400		3,512,848	3,512,848	
	d	All other revenue			4,268,732	2,416,292	1,852,440
	e	**Total.** Add lines 11a–11d . . . . . ▶			30,715,886		
	12	**Total revenue.** See Instructions . . . . . ▶			2,394,053,969	2,267,596,385	14,130,739	31,054,709

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	3,547,703	3,547,703		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	834,807	834,807		
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	14,463,096	5,878,339	7,969,733	615,024
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,176,594	858,193	318,401	
7 Other salaries and wages	1,076,811,308	987,861,490	86,433,408	2,516,410
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	78,118,958	71,121,690	6,752,690	244,578
9 Other employee benefits	105,649,912	96,187,161	9,138,954	323,797
10 Payroll taxes	65,708,777	59,818,987	5,688,253	201,537
11 Fees for services (non-employees)				
a Management	806,004		806,004	
b Legal	2,655,750	1,474,072	1,181,678	
c Accounting	695,122		695,122	
d Lobbying	106,795		106,795	
e Professional fundraising services See Part IV, line 17	58,480			58,480
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	55,017,198	36,728,703	17,675,698	612,797
12 Advertising and promotion	10,534,864	3,847,150	6,138,348	549,366
13 Office expenses	50,605,054	36,103,873	14,160,804	340,377
14 Information technology	94,965,247	27,197,316	67,675,699	92,232
15 Royalties . .				
16 Occupancy	52,920,547	46,296,136	6,624,202	209
17 Travel	7,009,279	6,347,728	585,066	76,485
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,646,089	4,872,358	766,843	6,888
20 Interest	25,242,204	16,279,583	8,962,621	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	123,878,498	110,090,234	13,558,087	230,177
23 Insurance	7,360,719	7,113,476	247,243	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	414,310,886	413,279,396	1,031,442	48
b BAD DEBT EXPENSE	131,763,404	131,763,404		
c REPAIRS & MAINTENANCE	32,329,046	32,035,477	293,277	292
d				
e All other expenses	55,988,189	52,762,820	3,211,689	13,680
25 **Total functional expenses.** Add lines 1 through 24e	2,418,204,530	2,152,300,096	260,022,057	5,882,377
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		90,576	1	120,707
	2	Savings and temporary cash investments		446,232,780	2	420,864,320
	3	Pledges and grants receivable, net		30,265,759	3	30,412,178
	4	Accounts receivable, net		216,777,924	4	234,014,496
	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		44,569,859	7	40,094,629
	8	Inventories for sale or use		44,244,168	8	42,616,966
	9	Prepaid expenses and deferred charges		34,371,911	9	35,128,795
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,203,130,196			
	b	Less accumulated depreciation	10b 1,284,827,491	876,684,337	10c	918,302,705
	11	Investments—publicly traded securities		137,882,488	11	141,957,283
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		246,255	14	246,255
	15	Other assets See Part IV, line 11		85,993,770	15	101,298,137
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,917,359,827	16	1,965,056,471
Liabilities	17	Accounts payable and accrued expenses		270,034,216	17	240,649,664
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		628,066,489	20	619,709,682
	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		47,981,434	23	116,344,196
	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		410,748,941	25	368,100,163
	26	**Total liabilities.** Add lines 17 through 25		1,356,831,080	26	1,344,803,705
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		356,109,532	27	417,220,254
	28	Temporarily restricted net assets		115,761,853	28	110,962,777
	29	Permanently restricted net assets		88,657,362	29	92,069,735
		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		560,528,747	33	620,252,766
	34	Total liabilities and net assets/fund balances		1,917,359,827	34	1,965,056,471

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,394,053,969
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,418,204,530
3	Revenue less expenses Subtract line 2 from line 1	3	-24,150,561
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	560,528,747
5	Net unrealized gains (losses) on investments	5	1,919,751
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	81,954,829
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	620,252,766

Part XII Financial Statements and Reporting

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

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

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (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			
LYNN FORD ALANDT TRUSTEE	1 00 2 00	X						0	0	0
N CHARLES ANDERSON TRUSTEE	1 00 1 00	X						0	0	0
EDWARD J BAGALE TRUSTEE	1 00 1 00	X						0	0	0
GREGORY L BARKLEY MD TRUSTEE	60 00 1 00	X						325,001	0	57,187
STEPHANIE W BERGERON TRUSTEE - VICE CHAIR	2 00 2 00	X		X				0	0	0
EDWARD D CALLAGHAN PHD TRUSTEE - VICE CHAIR	2 00 2 00	X		X				0	0	0
WILLIAM A CONWAY MD TRUSTEE	60 00 2 00	X						707,229	0	138,225
WILLIAM CLAY FORD JR TRUSTEE	1 00 1 00	X						0	0	0
LINDA D FORTE TRUSTEE	1 00 1 00	X						0	0	0
JAMES GROSFELD TRUSTEE	1 00 1 00	X						0	0	0
DAVID M HEMPSTEAD TRUSTEE	1 00 2 00	X						0	0	0
JOSEPH R JORDAN TRUSTEE	1 00 1 00	X						0	0	0
MARK A KELLEY MD PHYS TRUSTEE/EVP THRU 1/2/13	1 00 0 00	X						989,334	0	1,017,709
ALAN M KIRILUK TRUSTEE	1 00 2 00	X						0	0	0
DAVID BAKER LEWIS TRUSTEE	1 00 1 00	X						0	0	0
JACK MARTIN TRUSTEE - VICE CHAIR	2 00 3 00	X		X				0	0	0
SANDRA E PIERCE TRUSTEE - CHAIR	2 00 2 00	X		X				0	0	0
CHARLES H PODOWSKI TRUSTEE - VICE CHAIR	2 00 2 00	X		X				0	0	0
NANCY M SCHLICTING PRESIDENT AND C E O	60 00 8 00	X		X				3,052,458	0	53,629
GARY C VALADE TRUSTEE	1 00 3 00	X						0	0	0
KATHLEEN L YAREMCHUK MD PHYSICIAN TRUSTEE	60 00 1 00	X						652,972	0	59,330
LEROY C RICHIE TRUSTEE	1 00 1 00	X						0	0	0
CATHERINE A ROBERTS TRUSTEE	1 00 1 00	X						0	0	0
JAMES M CONNELLY TREASURER/C F O	50 00 16 00			X				1,108,016	0	45,562
EDITH L EISENMANN SECRETARY	60 00 8 00			X				220,523	0	38,669

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

(A) Name and Title	(B) Average hours per week (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			
BRIAN R GAMBLE ASSISTANT TREASURER	60 00 4 00			X				264,418	0	51,228
WILLIAM ALVIN C E O -HAP THRU 9-30-13	5 00 56 00				X			1,071,930	0	43,518
GERALD VAN GRINSVEN CEO-W BLMFLD HOSP THRU 6/2/13	60 00 1 00				X			364,325	0	166,129
EDWARD COFFEY MD VP - BEHAVIORAL SERVICES	60 00 1 00				X			434,960	0	58,332
JOHN POPOVICH MD CEO-HF HOSPITAL/PHYSICIAN	60 00 2 00				X			1,195,627	0	142,725
JOHN J POLANSKI CEO-COMMUNITY CARE SERVICE	60 00 5 00				X			629,828	0	35,948
ROBERT G RINEY SENIOR VP AND C O O	60 00 4 00				X			1,458,742	0	53,368
LYNN TOROSSIAN CEO-W BLMFLD HOSP START 11/25/13	1 00 1 00				X			24,827	0	1,347
MANI MENON MD PHYSICIAN	60 00 0 00					X		1,576,280	0	55,588
MARK L ROSENBLUM MD PHYSICIAN	60 00 1 00					X		1,237,677	0	58,139
THEODORE W PARSONS MD PHYSICIAN	60 00 0 00					X		957,884	0	52,103
GHAUS MALIK MD PHYSICIAN	60 00 0 00					X		975,086	0	54,839
WILLIAM O'NEIL MD PHYSICIAN	60 00 0 00					X		1,017,810	0	55,304

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
HENRY FORD HEALTH SYSTEM

Employer identification number
38-1357020

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

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

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

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

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

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

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

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

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(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									

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** 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		
Return Reference	Explanation	

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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	**Employer identification number**
HENRY FORD HEALTH SYSTEM	38-1357020

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

1 Provide a description of the organization's direct and indirect political campaign activities 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)	11,042	11,042
b Total lobbying expenditures to influence a legislative body (direct lobbying)	95,753	95,753
c Total lobbying expenditures (add lines 1a and 1b)	106,795	106,795
d Other exempt purpose expenditures	2,418,097,735	3,189,691,754
e Total exempt purpose expenditures (add lines 1c and 1d)	2,418,204,530	3,189,798,549
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h Subtract line 1g from line 1a If zero or less, enter -0-	0	0
i Subtract line 1f from line 1c If zero or less, enter -0-	0	0

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	125,491	105,250	82,852	106,795	420,388
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	11,550	10,013	9,325	11,042	41,930

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
HENRY FORD HEALTH SYSTEM

Employer identification number
38-1357020

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 ▶ $ _____

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part 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	204,419,215	197,339,688	197,372,633	179,222,662	166,916,793
b	Contributions	80,875,393	38,461,282	35,658,290	39,377,929	36,940,603
c	Net investment earnings, gains, and losses	10,518,567	11,992,464	-777,973	11,274,382	17,532,736
d	Grants or scholarships					
e	Other expenditures for facilities and programs	92,780,663	43,374,219	34,913,262	32,502,340	42,167,470
f	Administrative expenses					
g	End of year balance	203,032,512	204,419,215	197,339,688	197,372,633	179,222,662

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 ▶ 45 350 %
- c Temporarily restricted endowment ▶ 54 650 %

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		19,618,888		19,618,888
b Buildings		1,026,266,628	488,297,757	537,968,871
c Leasehold improvements		9,970,757	1,851,274	8,119,483
d Equipment		1,090,327,027	794,678,460	295,648,567
e Other		56,946,896		56,946,896
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				918,302,705

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

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

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

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

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

(a) Description	(b) Book value
(1) INVESTMENTS IN PARTNERSHIP	500,856
(2) INVESTMENTS IN JOINT VENTURES	6,163,998
(3) FITNESS CENTER	411,639
(4) DEFERRED COMPENSATION	91,464,969
(5) ASSETS HELD FOR SALE	2,756,675
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	101,298,137

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
POST RETIREMENT EMPLOYEE BENEFITS	166,614,461
RESERVE FOR MALPRACTICE	88,477,923
DEFERRED COMPENSATION	91,633,110
OTHER LIABILITIES	21,374,669
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	368,100,163

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	EARNINGS FROM THE ORGANIZATION'S ENDOWMENT FUNDS ARE UTILIZED BASED ON THE NATURE OF THE SPECIFIC ASSOCIATED RESTRICTION THESE PRIMARILY RELATE TO FUNDING INITIATIVES ASSOCIATED WITH SPECIFIC DISEASE CONDITIONS AND FURTHERING MEDICAL EDUCATION AND RESEARCH INITIATIVES
PART X, LINE 2	THE SYSTEM DOES NOT HAVE ANY MATERIAL UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2013 & 2012

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
HENRY FORD HEALTH SYSTEM

Employer identification number
38-1357020

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

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	CENTRAL AMERICA AND CARRIBEAN			INVESTMENTS		85,694,246
(2)	MIDDLE EAST AND NORTH AFRICA			PROVIDE CONSULTING SERVICES FOR DESIGN AND CONSTRUCTION OF A HEALTH CLINIC		414,086
(3)						
(4)						
(5)						
3a	Sub-total	0	0			86,108,332
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			86,108,332

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

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

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

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3, COL F	TOTAL EXPENDITURES AND INVESTMENTS FOR THE REGION ARE REPORTED AT COST BASIS OR BOOK VALUE

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
HENRY FORD HEALTH SYSTEM

Employer identification number
38-1357020

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

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1	FULKERSON SALES INC 5760 SNOWSHOE CIRCLE BLOOMFIELD HILLS, MI 48301	EVENT SOLICITATIONS		No	602,858	91,948	510,910
2	HARRIS CONNECT 1400-A CROSSWAYS BLVD CHESAPEAKE, VA 23320	TELEPHONE CAMPAIGN		No	48,302	58,480	-10,178
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶					651,160	150,428	500,732

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

MI, FL

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

		(a) Event #1 GET YOUR HEART RACING (event type)	(b) Event #2 GRAND BALL (event type)	(c) Other events 8 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	753,329	416,548	1,240,171	2,410,048
	2 Less Contributions	597,224	334,706	896,436	1,828,366
	3 Gross income (line 1 minus line 2)	156,105	81,842	343,735	581,682
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	612	0	70,783	71,395
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	224,869	199,300	519,811	943,980
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(1,015,375)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-433,693

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			94,042	94,042
Direct Expenses	2 Cash prizes			10,800	10,800
	3 Non-cash prizes			45,992	45,992
	4 Rent/facility costs				
	5 Other direct expenses			300	300
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☑ Yes 100.000 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				57,092
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				36,950

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

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

b If "No," explain

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

b If "Yes," explain

11

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

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

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶ REBECCA BLANKEN

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

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

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

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
HENRY FORD HEALTH SYSTEM

Employer identification number
38-1357020

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			50,425,839		50,425,839	2 210 %
b Medicaid (from Worksheet 3, column a)			384,265,441	310,598,140	73,667,301	3 220 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			434,691,280	310,598,140	124,093,140	5 430 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			15,107,409	6,671,998	8,435,411	0 370 %
f Health professions education (from Worksheet 5)			98,354,809	47,446,596	50,908,213	2 230 %
g Subsidized health services (from Worksheet 6)			28,067,015	24,637,637	3,429,378	0 150 %
h Research (from Worksheet 7)			61,157,445	44,179,986	16,977,459	0 740 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,273,241	27,976	1,245,265	0 050 %
j **Total.** Other Benefits			203,959,919	122,964,193	80,995,726	3 540 %
k **Total.** Add lines 7d and 7j			638,651,199	433,562,333	205,088,866	8 970 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing			1,300,769		1,300,769	0 060 %
2	Economic development			578,377		578,377	0 030 %
3	Community support			839,853		839,853	0 040 %
4	Environmental improvements			2,444		2,444	0 %
5	Leadership development and training for community members						
6	Coalition building			90,750		90,750	0 %
7	Community health improvement advocacy			60,688		60,688	0 %
8	Workforce development			108,146		108,146	0 %
9	Other						
10	**Total**			2,981,027		2,981,027	0 130 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	131,763,404		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	32,940,851		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	648,338,787
6	Enter Medicare allowable costs of care relating to payments on line 5	6	737,951,922
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-89,613,135
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
5

Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group HENRY FORD HOSPITAL

If reporting on Part V, Section B for a single hospital facility 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	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The 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 2013			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in 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**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW.HENRYFORD.COM/DOCUMENTS/COMMUNITYHEAL			
b	☐ Other website (list url)			
c	☑ Available upon request from the hospital facility			
d	☐ 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 as of the end of the tax year)			
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 *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**		No
If "Yes," indicate the FPG family income limit for eligibility for discounted care __% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☑ Medical indigency			
d ☑ Insurance status			
e ☑ Uninsured discount			
f ☑ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Residency			
i ☐ 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?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
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 individual'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 Section C)			
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 individual's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

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 individuals regarding the individuals' bills
- **d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

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?	**19**	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 individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group HENRY FORD WEST BLOOMFIELD HOSPITAL

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 2

			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	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The 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 13			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in 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**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW.HENRYFORD.COM/DOCUMENTS/COMMUNITYHEAL			
b	☐ Other website (list url)			
c	☑ Available upon request from the hospital facility			
d	☐ 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 as of the end of the tax year)			
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 *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**		No
If "Yes," indicate the FPG family income limit for eligibility for discounted care __% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☑ Medical indigency			
d ☑ Insurance status			
e ☑ Uninsured discount			
f ☑ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Residency			
i ☐ 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?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
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 individual'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 Section C)			
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 individual's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

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 individuals regarding the individuals' bills
- **d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

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?	**19**	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 individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group HENRY FORD COTTAGE HOSPITAL

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 3

			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	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The 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 13			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in 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**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW HENRYFORD COM/DOCUMENTS/COMMUNITYHEAL			
b	☐ Other website (list url)			
c	☑ Available upon request from the hospital facility			
d	☐ 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 as of the end of the tax year)			
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**	Yes	
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 *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**		No
If "Yes," indicate the FPG family income limit for eligibility for discounted care __% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☑ Medical indigency			
d ☑ Insurance status			
e ☑ Uninsured discount			
f ☑ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Residency			
i ☐ 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?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
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 individual'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 Section C)			
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 individual's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

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 individuals regarding the individuals' bills
- **d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

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?	**19**	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 individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group HENRY FORD KINGSWOOD HOSPITAL

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 4

			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	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The 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 13			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in 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**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW.HENRYFORD.COM/DOCUMENTS/COMMUNITYHEAL			
b	☐ Other website (list url)			
c	☑ Available upon request from the hospital facility			
d	☐ 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 as of the end of the tax year)			
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**	Yes	
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 *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**		No
If "Yes," indicate the FPG family income limit for eligibility for discounted care __% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☑ Medical indigency			
d ☑ Insurance status			
e ☑ Uninsured discount			
f ☑ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Residency			
i ☐ 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?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
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 individual'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 Section C)			
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 individual's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

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 individuals regarding the individuals' bills
- **d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

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?	**19**	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 individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group HENRY FORD MAPLEGROVE HOSPITAL

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 5

			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	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The 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 13			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in 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**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url) WWW.HENRYFORD.COM/DOCUMENTS/COMMUNITYHEAL			
b	☐ Other website (list url)			
c	☑ Available upon request from the hospital facility			
d	☐ 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 as of the end of the tax year)			
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 *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**		No
If "Yes," indicate the FPG family income limit for eligibility for discounted care __% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☑ Medical indigency			
d ☑ Insurance status			
e ☑ Uninsured discount			
f ☑ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Residency			
i ☐ 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?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted on the hospital facility's website			
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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 individual's eligibility under the facility's FAP			
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b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
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 individual's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

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 individuals regarding the individuals' bills
- **d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

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?	**19**	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 individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
HENRY FORD HOSPITAL	PART V, SECTION B, LINE 3 AS PART OF THE CHNA PROCESS, A COMMUNITY STAKEHOLDER SURVEY WAS DEVELOPED AND CONDUCTED BY HENRY FORD HEALTH SYSTEM THE SURVEY WAS DESIGNED TO GATHER INPUT FROM MAJOR COMMUNITY STAKEHOLDERS IN THE TRI-COUNTY AREA AND BE USED TO COMPLEMENT AND VALIDATE THE TRENDS IN DEMOGRAPHIC AND COMMUNITY HEALTH DATA IDENTIFIED WITHIN THE CHNA THE SURVEY ALSO ASSISTED IN ACHIEVING COMPLIANCE WITH THE IRS REQUIREMENTS OF GATHERING COMMUNITY INPUT AREAS OF SPECIFIC FOCUS IN THE SURVEY INCLUDED PROMOTING HEALTHY BEHAVIORS, MANAGING CHRONIC DISEASE, PUBLIC HEALTH INFRASTRUCTURE/ENVIRONMENTAL HAZARDS AND ADDITIONAL OPEN ENDED QUESTIONS KEY COMMUNITY STAKEHOLDERS THROUGHOUT THE WAYNE, MACOMB AND OAKLAND TRI-COUNTY AREA WERE INVITED TO PARTICIPATE IN THE SURVEY VIA A LINK TO THE ELECTRONIC SURVEY FROM NOVEMBER, 2011 TO DECEMBER, 2012 SEE APPENDIX 2 OF THE CHNA TO VIEW THE STAKEHOLDER SURVEY TEMPLATE APPENDIX 3 DETAILS THE COMMUNITY STAKEHOLDERS INVITED TO PARTICIPATE AS WELL AS THE STAKEHOLDERS THAT COMPLETED THE SURVEY
HENRY FORD HOSPITAL	PART V, SECTION B, LINE 4 HENRY FORD HOSPITALHENRY FORD KINGSWOOD HOSPITALHENRY FORD MACOMB HOSPITALSHENRY FORD WEST BLOOMFIELD HOSPITALHENRY FORD WYANDOTTE HOSPITALHENRY FORD COTTAGE HOSPITAL/MEDICAL CENTER
HENRY FORD HOSPITAL	PART V, SECTION B, LINE 7 WHILE HFHS IS ADDRESSING THE MAJORITY OF THE IDENTIFIED HEALTH ISSUES, IT WILL NOT DIRECTLY ADDRESS THE FOLLOWING PRIORITY INFANT MORTALITY IN OAKLAND COUNTY (PONTIAC) THIS PRIORITY DID NOT MEET THE EVALUATION CRITERIA IT WAS DETERMINED THAT DUE TO THE LOCATION OF OUR HOSPITAL IN OAKLAND COUNTY, WE DID NOT HAVE SUFFICIENT FINANCIAL AND PERSONNEL RESOURCES AVAILABLE TO INFLUENCE CHANGE IN ADDITION, THERE ARE OTHER COMMUNITY HOSPITALS LOCATED IN THE IMMEDIATE VICINITY OF THE CITY OF PONTIAC, WHERE THIS HEALTH ISSUE RESIDES
HENRY FORD HOSPITAL	PART V, SECTION B, LINE 11 FOR PATIENTS THAT FAILED TO QUALIFY FOR FINANCIAL ASSISTANCE, DISCOUNTS FOR MEDICALLY NECESSARY SERVICES WERE PROVIDED AT 40% OFF OF STANDARD RATES
HENRY FORD WEST BLOOMFIELD HOSPITAL	PART V, SECTION B, LINE 11 FOR PATIENTS THAT FAILED TO QUALIFY FOR FINANCIAL ASSISTANCE, DISCOUNTS FOR MEDICALLY NECESSARY SERVICES WERE PROVIDED AT 40% OFF OF STANDARD RATES
HENRY FORD COTTAGE HOSPITAL	PART V, SECTION B, LINE 11 FOR PATIENTS THAT FAILED TO QUALIFY FOR FINANCIAL ASSISTANCE, DISCOUNTS FOR MEDICALLY NECESSARY SERVICES WERE PROVIDED AT 40% OFF OF STANDARD RATES
HENRY FORD KINGSWOOD HOSPITAL	PART V, SECTION B, LINE 11 FOR PATIENTS THAT FAILED TO QUALIFY FOR FINANCIAL ASSISTANCE, DISCOUNTS FOR MEDICALLY NECESSARY SERVICES WERE PROVIDED AT 40% OFF OF STANDARD RATES
HENRY FORD MAPLEGROVE HOSPITAL	PART V, SECTION B, LINE 11 FOR PATIENTS THAT FAILED TO QUALIFY FOR FINANCIAL ASSISTANCE, DISCOUNTS FOR MEDICALLY NECESSARY SERVICES WERE PROVIDED AT 40% OFF OF STANDARD RATES
HENRY FORD HOSPITAL	PART V, SECTION B, LINE 14G SUMMARIES OF THE ORGANIZATION'S PATIENT FINANCIAL ASSISTANCE PROGRAM ARE AVAILABLE AT ALL SERVICE LOCATIONS AND IN THE ADMISSIONS OFFICE SIMILAR POSTINGS HAVE BEEN PLACED IN PROMINENT LOCATIONS AT OUR FACILITIES ADDITIONALLY, PATIENT BILLINGS PROVIDE GUIDANCE TO PATIENT ON WHO TO CONTACT TO LEARN MORE ABOUT THE ORGANIZATION'S PATIENT FINANCIAL ASSISTANCE PROGRAM
HENRY FORD WEST BLOOMFIELD HOSPITAL	PART V, SECTION B, LINE 14G SUMMARIES OF THE ORGANIZATION'S PATIENT FINANCIAL ASSISTANCE PROGRAM ARE AVAILABLE AT ALL SERVICE LOCATIONS AND IN THE ADMISSIONS OFFICE SIMILAR POSTINGS HAVE BEEN PLACED IN PROMINENT LOCATIONS AT OUR FACILITIES ADDITIONALLY, PATIENT BILLINGS PROVIDE GUIDANCE TO PATIENT ON WHO TO CONTACT TO LEARN MORE ABOUT THE ORGANIZATION'S PATIENT FINANCIAL ASSISTANCE PROGRAM
HENRY FORD COTTAGE HOSPITAL	PART V, SECTION B, LINE 14G SUMMARIES OF THE ORGANIZATION'S PATIENT FINANCIAL ASSISTANCE PROGRAM ARE AVAILABLE AT ALL SERVICE LOCATIONS AND IN THE ADMISSIONS OFFICE SIMILAR POSTINGS HAVE BEEN PLACED IN PROMINENT LOCATIONS AT OUR FACILITIES ADDITIONALLY, PATIENT BILLINGS PROVIDE GUIDANCE TO PATIENT ON WHO TO CONTACT TO LEARN MORE ABOUT THE ORGANIZATION'S PATIENT FINANCIAL ASSISTANCE PROGRAM
HENRY FORD KINGSWOOD HOSPITAL	PART V, SECTION B, LINE 14G SUMMARIES OF THE ORGANIZATION'S PATIENT FINANCIAL ASSISTANCE PROGRAM ARE AVAILABLE AT ALL SERVICE LOCATIONS AND IN THE ADMISSIONS OFFICE SIMILAR POSTINGS HAVE BEEN PLACED IN PROMINENT LOCATIONS AT OUR FACILITIES ADDITIONALLY, PATIENT BILLINGS PROVIDE GUIDANCE TO PATIENT ON WHO TO CONTACT TO LEARN MORE ABOUT THE ORGANIZATION'S PATIENT FINANCIAL ASSISTANCE PROGRAM
HENRY FORD MAPLEGROVE HOSPITAL	PART V, SECTION B, LINE 14G SUMMARIES OF THE ORGANIZATION'S PATIENT FINANCIAL ASSISTANCE PROGRAM ARE AVAILABLE AT ALL SERVICE LOCATIONS AND IN THE ADMISSIONS OFFICE SIMILAR POSTINGS HAVE BEEN PLACED IN PROMINENT LOCATIONS AT OUR FACILITIES ADDITIONALLY, PATIENT BILLINGS PROVIDE GUIDANCE TO PATIENT ON WHO TO CONTACT TO LEARN MORE ABOUT THE ORGANIZATION'S PATIENT FINANCIAL ASSISTANCE PROGRAM
HENRY FORD HOSPITAL	PART V, SECTION B, LINE 20D FOR PATIENTS THAT FAILED TO QUALIFY FOR FINANCIAL ASSISTANCE, DISCOUNTS FOR MEDICALLY NECESSARY SERVICES WERE PROVIDED AT 40% OFF OF STANDARD RATES
HENRY FORD WEST BLOOMFIELD HOSPITAL	PART V, SECTION B, LINE 20D FOR PATIENTS THAT FAILED TO QUALIFY FOR FINANCIAL ASSISTANCE, DISCOUNTS FOR MEDICALLY NECESSARY SERVICES WERE PROVIDED AT 40% OFF OF STANDARD RATES
HENRY FORD COTTAGE HOSPITAL	PART V, SECTION B, LINE 20D FOR PATIENTS THAT FAILED TO QUALIFY FOR FINANCIAL ASSISTANCE, DISCOUNTS FOR MEDICALLY NECESSARY SERVICES WERE PROVIDED AT 40% OFF OF STANDARD RATES
HENRY FORD KINGSWOOD HOSPITAL	PART V, SECTION B, LINE 20D FOR PATIENTS THAT FAILED TO QUALIFY FOR FINANCIAL ASSISTANCE, DISCOUNTS FOR MEDICALLY NECESSARY SERVICES WERE PROVIDED AT 40% OFF OF STANDARD RATES
HENRY FORD MAPLEGROVE HOSPITAL	PART V, SECTION B, LINE 20D FOR PATIENTS THAT FAILED TO QUALIFY FOR FINANCIAL ASSISTANCE, DISCOUNTS FOR MEDICALLY NECESSARY SERVICES WERE PROVIDED AT 40% OFF OF STANDARD RATES

Part V Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? **75**

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

Form and Line Reference	Explanation
PART I, LINE 7G	SUBSIDIZED SERVICES CONSIST OF INPATIENT WOMENS' SERVICES AND BEHAVIORAL HEALTH SERVICES THIS INCLUDES BOTH PHYSICIAN AND FACILITY COSTS
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 $ 131,763,404

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	HFHS BELIEVES THAT THE STRENGTH AND VITALITY OF A COMMUNITY HAS A SIGNIFICANT IMPACT ON THE BEHAVIORS OF ITS RESIDENTS AND THAT THERE IS A DIRECT CORRELATION BETWEEN THE VIABILITY OF A COMMUNITY AND THE ATTITUDE OF ITS RESIDENTS TOWARD HEALTHIER BEHAVIORS THEREFORE, HFHS INCLUDES IN ITS COMMITMENT TO COMMUNITY BENEFIT A FOCUS ON DIRECT INVOLVEMENT IN THE COMMUNITY TO BOTH IMPROVE THE ENVIRONMENT AND ENSURE THAT CRITICAL MESSAGES ON THE BENEFITS OF HEALTHIER BEHAVIORS ARE HEARD HFHS LEADERS COLLABORATE WITH COMMUNITY TASK FORCES AND COALITIONS TO ADDRESS THE NEEDS OF OUR SERVICE AREA
PART III, LINE 2	THE ORGANIZATION'S BAD DEBT EXPENSE IS STATED IN PATIENT GROSS CHARGES

Form and Line Reference	Explanation
PART III, LINE 4	FOR UNINSURED PATIENTS WHO MEET THE QUALIFICATIONS STIPULATED IN THE SYSTEM'S PATIENT FINANCIAL ASSISTANCE POLICY, EMERGENCY AND OTHER MEDICALLY NECESSARY INPATIENT SERVICES ARE PROVIDED AT NO COST FOR UNINSURED PATIENTS THAT DO NOT QUALIFY FOR FINANCIAL ASSISTANCE, THE SYSTEM OFFERS A DISCOUNT OF UP TO 40% OF ITS STANDARD RATES FOR SERVICES PROVIDED ON THE BASIS OF HISTORICAL EXPERIENCE, A SIGNIFICANT PORTION OF THE SYSTEM'S UNINSURED PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR THE SERVICES PROVIDED THEREFORE, THE SYSTEM RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS RELATED TO UNINSURED PATIENTS IN THE PERIOD THE SERVICES ARE PROVIDED THE SYSTEM'S FINANCIAL ASSISTANCE POLICIES REMAINED CONSISTENT DURING 2012 AND 2013 THE ORGANIZATION DETERMINES THE COSTS OF SUCH UNPAID SERVICES BY APPLYING A COST-TO-CHARGE RATIO TO THE BILLED CHARGES FOR UNINSURED PATIENTS WHO FAIL TO QUALIFY FOR ANY PROGRAM TO SUPPORT THE COST OF THEIR MEDICAL CARE, MEDICALLY NECESSARY SERVICES WILL BE PROVIDED AT A COST NOT TO EXCEED 115% OF THE STANDARD MEDICARE RATE IN ACCORDANCE WITH THE ORGANIZATION'S PATIENT FINANCIAL ASSISTANCE PROGRAM, THE COST OF CARE MAY BE FURTHER REDUCED AND IN SOME INSTANCES WILL BE PROVIDED AT NO COST
PART III, LINE 9B	IF THE PATIENT IS DETERMINED TO QUALIFY UNDER THE ORGANIZATION'S PATIENT FINANCIAL ASSISTANCE POLICY (PFAP) PRIOR TO BILLING, NO BILL IS EVER GENERATED AND THEREFORE THE ELEMENTS OF THE COLLECTION POLICY ARE NEVER INVOKED WHEN THE DETERMINATION IS NOT MADE PRIOR TO BILLING, THE ORGANIZATION'S COLLECTION POLICY WOULD APPLY THIS POLICY READS IN PART - "PATIENTS WILL BE EVALUATED FOR THE SYSTEM'S PATIENT FINANCIAL ASSISTANCE PROGRAM"- "UNINSURED PATIENTS WILL BE GIVEN A DISCOUNT"- "UNDERINSURED PATIENTS MAY QUALIFY FOR DISCOUNTED SERVICES BASED UPON THEIR AGGREGATE HOUSEHOLD INCOME"- "THE ORGANIZATION WILL REVIEW THE PATIENTS'S RECORD TO DETERMINE IF REASONABLE EFFORTS WERE UNDERTAKEN TO ENSURE THAT FINANCIAL ASSISTANCE WAS OFFERED AND/OR IF FINANCIAL ASSISTANCE IS REQUESTED"- "LEGAL ACTION MAY BE TAKEN WHEN THERE IS EVIDENCE THAT THE PATIENT OR RESPONSIBLE PARTY HAS INCOME AND/OR ASSETS TO MEET HIS OR HER OBLIGATION"- "THE ORGANIZATION WILL NOT FORCE THE SALE OR FORECLOSURE OF ANY PATIENT OR GUARANTOR'S PRIMARY RESIDENCE TO PAY AN OUTSTANDING MEDICAL BILL"- "THE ORGANIZATION WILL NOT REQUIRE THE PATIENT OR RESPONSIBLE PARTY TO APPEAR IN COURT"- "THE ORGANIZATION WILL DIRECT THEIR COLLECTION AGENCIES TO FOLLOW THESE GUIDELINES"PATIENTS NOT DEEMED TO QUALIFY UNDER OUR PATIENT FINANCIAL ASSISTANCE PROGRAM (PFAP) RECEIVE 2 CYCLES OF INTERNAL BILLING STATEMENTS INCLUDING INSTRUCTIONS ON APPLYING FOR OUR PFAP BASED ON THE VOLUME OF OUTSTANDING SERVICES, DETERMINATION ON FURTHER COLLECTION EFFORTS WILL BE MADE WHICH INCLUDES INTERNAL COLLECTION EFFORTS OR ASSIGNMENT TO AN EXTERNAL COLLECTION AGENCY

Form and Line Reference	Explanation
PART VI, LINE 2	HENRY FORD HEALTH SYSTEM (HFHS) CONSIDERS THE ONGOING ASSESSMENT OF COMMUNITY HEALTH NEEDS AS AN ESSENTIAL FUNCTION IT PROVIDES KEY INFORMATION REGARDING THE DEMOGRAPHICS AND MAJOR NEEDS OF THE COMMUNITIES SERVED, IT SUPPORTS THE PRIORITIZATION OF THE SERVICES MADE AVAILABLE, AND IT HELPS TARGET POPULATIONS WITH THE MOST VULNERABILITY TO HEALTH NEEDS SUCH AS THE POOR, UNINSURED, AS WELL AS VARIOUS OTHER POPULATIONS THAT MAY HAVE BEEN OVERLOOKED THE COMMUNITY HEALTH NEEDS ASSESSMENT ALSO PROVIDES VALUABLE INFORMATION REGARDING OTHER ORGANIZATIONS SUPPORTING THE NEEDS WITHIN THE COMMUNITY SO PROGRAMS CAN BE COORDINATED AND LEVERAGED TO ENSURE THAT EVERY DOLLAR IS INVESTED WISELY THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS COMPLETED IN THREE PHASES THE FIRST PHASE INCLUDES DATA COLLECTION FROM A VARIETY OF PUBLIC AND PROPRIETARY SOURCES THAT PROVIDED INFORMATION AROUND POPULATION DEMOGRAPHICS, SOCIOECONOMIC DATA, HEALTH STATUS INDICATORS, AS WELL AS SEVERAL OTHER DATA POINTS SOURCES FOR THIS FIRST PHASE INCLUDED THE MICHIGAN DEPARTMENT OF COMMUNITY HEALTH (MDCH), MICHIGAN BEHAVIORAL RISK FACTOR SURVEY, CLARITAS INC /TRUVEN HEALTH ANALYTICS, MICHIGAN STATE HOMELESS MANAGEMENT INFORMATION SYSTEM (MSHMIS), AND THE MICHIGAN INPATIENT DATABASE THE SECOND PHASE INVOLVED DEVELOPING AND DISTRIBUTING A KEY STAKEHOLDER SURVEY TO CAPTURE THE INPUT OF OTHER COMMUNITY ORGANIZATIONS AND COALITIONS ABOUT WHAT THEY BELIEVE ARE THEMAJOR HEALTH NEEDS THAT SHOULD BE PRIORITIZED AND ADDRESSED IN THE TRI-COUNTY AREA THE THIRD PHASE INCORPORATED THE QUANTITATIVE AND QUALITATIVE DATA THAT WAS COLLECTED IN THE FIRST TWO PHASES, AND BASED ON THIS INFORMATION IDENTIFIED PRIORITIES FOR HENRY FORD HEALTH SYSTEM TO ADDRESS WITH THE COMMUNITIES IT SERVES THIS ASSESSMENT WAS PREPARED BY THE CORPORATE PLANNING DEPARTMENT WITHIN HENRY FORD HEALTH SYSTEM RESULTS ARE USED AS A FOUNDATION FOR PLANNING, DEVELOPING, AND REFINING HFHS'S FUTURE COMMUNITY SERVICES IN THE TRI-COUNTY AREA
PART VI, LINE 3	HFHS HAS VARIOUS APPROACHES TO TARGET AND INFORM RESIDENTS OF ITS COMMUNITIES ABOUT THE PROGRAMS AND SERVICES IT OFFERS PROGRAMS WHERE WE PARTNER WITH ORGANIZATIONS WITH ESTABLISHED RELATIONSHIPS WITH THE INDIVIDUALS SUCH AS THROUGH COMMUNITY HEALTH CENTERS, THE PUBLIC SCHOOLS AND FAITH-BASED ORGANIZATIONS HAVE BEEN PARTICULARLY SUCCESSFUL HFHS HAS A SINGULAR PATIENT FINANCIAL ASSISTANCE POLICY (PFAP) INDIVIDUALS WITHOUT ADEQUATE HEALTH INSURANCE COVERAGE MOST FREQUENTLY APPEAR IN ONE OF OUR EMERGENCY ROOMS FOR SERVICES ALL PATIENTS ARE SEEN WITHOUT REGARD TO ABILITY TO PAY INTAKE STAFF MEMBERS ARE TRAINED WITH REGARD TO HOW TO APPROACH AND ENGAGE AN INDIVIDUAL WHEN THERE IS AN APPARENT LACK OF ADEQUATE HEALTH COVERAGE THIS INCLUDES INFORMING THEM OF THE PROGRAMS OFFERED BY HFHS AS WELL AS OTHER COMMUNITY, LOCAL, STATE AND FEDERAL PROGRAMS OFFERING POTENTIAL SUPPORT HFHS HAS DEDICATED STAFF RESPONSIBLE TO IDENTIFY PATIENTS WHO MAY QUALIFY FOR SUPPORTIVE PROGRAMS AND ASSIST THEM WITH THE ENROLLMENT PROCESS THERE ARE MANY REASONS WHY A PATIENT IN NEED OF FINANCIAL ASSISTANCE WITH THEIR MEDICAL CARE MAY NOT HAVE BEEN IDENTIFIED AT THE TIME OF THE CARE DELIVERY PATIENT FINANCIAL SERVICE AND COLLECTION STAFFS ARE TRAINED TO RECOGNIZE THESE INDIVIDUALS AND PROVIDE THEM WITH ADVICE REGARDING THE VARIOUS OPTIONS AVAILABLE TO SUPPORT THEIR CARE NEEDS

Form and Line Reference	Explanation
PART VI, LINE 4	ALTHOUGH HFHS AND ITS AFFILIATES PROVIDE SERVICES TO INDIVIDUALS RESIDING THROUGHOUT THE STATE OF MICHIGAN AND IN SOME CASES FROM AROUND THE WORLD, IT DEFINES ITS COMMUNITIES SERVED BASED ON THE AREAS GENERATING THE HIGHEST INPATIENT VOLUMES MORE THAN 94% OF THIS VOLUME FOR HFHS ORIGINATES IN THE TRI-COUNTY AREA, INCLUDING THE CITY OF DETROIT THE TRI-COUNTY AREA INCLUDES THE CONTIGUOUS COUNTIES OF WAYNE, OAKLAND AND MACOMB, WHICH ARE LOCATED IN SOUTHEASTERN MICHIGAN AND ACCOUNT FOR 39% OF THE MICHIGAN POPULATION WAYNE, OAKLAND, AND MACOMB (IN THAT ORDER) ARE THE MOST POPULATED COUNTIES IN MICHIGAN OF THE NEARLY 4 MILLION RESIDENTS, APPROXIMATELY 52% OF THE POPULATION IS FEMALE WITH REGARD TO RACE/ETHNICITY, THE TRI-COUNTY AREA IS 65% WHITE, COMPARED TO A NATIONAL AVERAGE OF 62% OF NOTE, THE TRI-COUNTY AREA IS 25% BLACK, WHICH IS OVER TWICE THE NATIONAL PERCENTAGE OF 12% CONVERSELY, THE HISPANIC POPULATION (4 0%) IS LESS THAN ONE QUARTER OF THE NATIONAL PERCENTAGE OF 17% THE NUMBER OF TRI-COUNTY RESIDENTS IS EXPECTED TO DECREASE BY 1% OVER THE NEXT SEVERAL YEARS,WHICH CONTRASTS WITH THE 3% INCREASE EXPECTED NATIONWIDE IN ADDITION, FEMALES OF CHILD BEARING AGE (15-44), WHO MAKE UP 19% OF THE TRI-COUNTY'S POPULATION, ARE EXPECTED TO DECLINE BY 4% OVER THE NEXT SEVERAL YEARS WHEN EXAMINING AGE DISTRIBUTION, THE TRI-COUNTY HAS A COMPARABLE POPULATION TO THAT OF THE COUNTRY AND 14% OF THE POPULATION IS ABOVE THE AGE OF 65 OF PARTICULAR INTEREST TO HEALTHCARE PROVIDERS IS THE AGING POPULATION OF THE TRI-COUNTY AREA WITH THE 55 YEARS OLD AND ABOVE POPULATION EXPECTED TO RISE BY 9% FROM 2013 TO 2018 WITH REGARDS TO EDUCATION, THE TRI-COUNTY HAS APPROXIMATELY 12% OF RESIDENTS WHO HAVE SOME HIGH SCHOOL EDUCATION OR LESS COMPARED TO THE NATIONAL AVERAGE OF 15% FURTHER, 28% OF RESIDENTS HAVE A BACHELOR'S DEGREE OR GREATER, WHICH IS COMPARABLE TO THE NATIONAL AVERAGE THE TRI-COUNTY AREA IS DIVERSE IN REGARDS TO POPULATION, RACIAL/ETHNIC COMPOSITION, ECONOMIC GROWTH AND DEVELOPMENT THE AUTOMOTIVE INDUSTRY REMAINS THE LARGEST EMPLOYER IN THE REGION, BUT THE HEALTH CARE SECTOR IS ALSO REPRESENTED AMONG THE TOP EMPLOYERS IN THE REGION AS WELL (CRAIN'S DETROIT 2012 LISTINGS OF MAJOR EMPLOYERS) THE AVERAGE HOUSEHOLD INCOME WITHIN THE TRI-COUNTY AREA ($63,344) IS LESS THAN THE NATIONAL AVERAGE ($69,637) WITHIN THE TRI-COUNTY AREA, THE AVERAGE HOUSEHOLD INCOME IN OAKLAND COUNTY ($80,157) IS SIGNIFICANTLY HIGHER THAN WAYNE COUNTY ($53,355) AND MACOMB COUNTY ($58,589) AT THE ZIP CODE LEVEL, AVERAGE HOUSEHOLD INCOMES VARY SIGNIFICANTLY,RANGING FROM $25,145 TO $163,374 LOWER HOUSEHOLD INCOMES NEGATIVELY IMPACT PURCHASING POWER, HEALTH INSURANCE COVERAGE, AND COSTS OF BASIC NECESSITIES AS A RESULT, THE TRI-COUNTY AREA'S SAFETY NETS, INCLUDING HEALTHCARE SYSTEMS, ARE BEING STRETCHED TO THE LIMIT (UNITED WAY RESEARCH INCOME DOWN ACROSS STATE POVERTY INCREASING AND SPREADING THROUGHOUT THE TRICOUNTY 2006, HTTP //WWW UWSEM ORG) IN ADDITION, WITHIN THE TRI-COUNTY AREA THE UNEMPLOYMENT RATE IS SLIGHTLY HIGHER THAN THE NATIONAL AVERAGE OF 7 6% AND RANGES FROM 8 3% IN OAKLAND COUNTY TO 11% IN WAYNE COUNTY (LOCAL AREA UNEMPLOYMENT STATISTIC UPDATE MARCH 2013, OAKLAND COUNTY MICHIGAN) AS STATED PREVIOUSLY, THE TRI-COUNTY AREA IS RATHER DIVERSE THROUGHOUT ITS THREE COUNTIES FOR EXAMPLE, AGE, SEX, EDUCATION, AND INCOME DISTRIBUTION DIFFER FROM COUNTY TO COUNTY IN ORDER TO INCREASE THE UTILITY OF THE COMMUNITY HEALTH NEEDS ASSESSMENT, IT IS IMPORTANT TO ANALYZE THE PROFILE(S) OF EACH OF THESE COUNTIES AT A MORE DETAILED LEVEL, SUCH AS ZIP CODES, SO THAT CERTAIN DIFFERENCES WITHIN THE AREA BECOME EVIDENT ONE COMMUNITY IN PARTICULAR NEED OF ATTENTION IS THE CITY OF DETROIT WHEN EXAMININGTHE CITY OF DETROIT THE AVERAGE HOUSEHOLD INCOME IS $36,186, WHICH IS SIGNIFICANTLY LESS THAN AVERAGE HOUSEHOLD INCOME OF THE OVERALL TRI-COUNTY AREA ($63,344) REGARDING EDUCATION, 22% OF RESIDENTS HAVE LESS THAN A HIGH SCHOOL EDUCATION AND ONLY 12% OF HAVE A BACHELOR'S DEGREE OR HIGHER IN TERMS OF RACIAL/ETHNIC DIVERSITY, APPROXIMATELY 93% OF DETROIT IS COMPOSED OF A MINORITY POPULATION VERSUS 36% FOR THE TRI-COUNTY AREA AS A WHOLE THE DETROIT UNEMPLOYMENT RATE IS 17 5%, WHICH IS SIGNIFICANTLY GREATER THAN THE NATIONAL AVERAGE OF 7 6% (LOCAL AREA UNEMPLOYMENT STATISTIC UPDATE MARCH 2013, OAKLAND COUNTY MICHIGAN) WHEN LOOKING OUTSIDE OF THE CITY OF DETROIT, VARIOUS ZIP CODES IN THE TRI-COUNTY AREA REPRESENT SECTIONS OF THE REGION THAT HAVE LOWER INCOMES, LESS EDUCATION, AND ARE MORE RACIALLY AND ETHNICALLY DIVERSE OF THE ZIP CODES THAT RANK IN THE TOP 20 ZIP CODES FOR BOTH LOWEST AVERAGE HOUSEHOLD INCOME AND HIGHEST PROPORTION OF THE POPULATION WITHOUT A HIGH SCHOOL DIPLOMA IN THE TRI-COUNTY AREA, THE AVERAGE HOUSEHOLD INCOME IS $41,724, WHICH IS SIGNIFICANTLY LESS THAN THE AVERAGE HOUSEHOLD INCOME OF $63,344 FOR THE OVERALL TRI-COUNTY AREA OVERALL, 21% OF RESIDENTS IN THESE ZIP CODES HAVE LESS THAN A HIGH SCHOOL EDUCATION COMPARED TO 12% FOR THE TRI-COUNTY AREA THESE 20 ZIP CODES HAVE A SLIGHTLY HIGHER PERCENTAGE OF RACIAL/ETHNIC MINORITIES AS COMPARED TO THE REST OF THE TRI-COUNTY AREA AS A WHOLE THESE ZIP CODES ARE COMPRISED OF 42% MINORITIES COMPARED TO 36% FOR THE TRI-COUNTY AREA AS A RESULT, THE DETROIT AREA AND ABOVE 20 ZIP CODES, AS WELL AS OTHER ZIP CODES WITH SIMILAR CHARACTERISTICS, SHOULD BE OF PARTICULAR INTEREST WHEN PLANNING COMMUNITY NEEDS INITIATIVES WITHIN THE TRI-COUNTY AREA
PART VI, LINE 5	HFHS IS ONE OF THE NATION'S LARGEST INTEGRATED HEALTH DELIVERY SYSTEMS SERVING ALL OF SOUTHEASTERN MICHIGAN HFHS IS GOVERNED BY DEDICATED COMMUNITY BOARDS, AND IN TOTAL PROVIDES APPROXIMATELY 55,000 INPATIENTS STAYS AND 2 3 MILLION PHYSICIAN VISITS ANNUALLY THIS TAX RETURN REFLECTS THE ACTIVITIES OF HENRY FORD HOSPITAL AN 877 BED TERTIARY CARE HOSPITAL WITH A LEVEL 1 TRAUMA CENTER LOCATED IN THE CITY OF DETROIT, SERVING AS A COMMUNITY HOSPITAL FOR ITS IMMEDIATE NEIGHBORHOODS AS WELL AS A REFERRAL CENTER FOR THE SURROUNDING REGION IT IS SUPPORTED BY THE HENRY FORD MEDICAL GROUP (HFMG) WHO ALSO PROVIDES CARE IN THE MORE THAN 30 OUTPATIENT MEDICAL CENTERS LOCATED THROUGHOUT SOUTHEAST MICHIGAN HFHS ALSO INCLUDES HENRY FORD WEST BLOOMFIELD HOSPITAL, A 191 BED COMMUNITY HOSPITAL, BEHAVIORAL HEALTH SERVICES PROVIDED THROUGHOUT THE ABOVE FACILITIES AS WELL AS AT HENRY FORD KINGSWOOD HOSPITAL, A 100 BED PSYCHIATRIC HOSPITAL, AND THE MAPLEGROVE CENTER, A 67 BED FACILITY HFHS COMMUNITY CARE SERVICES OFFERS A BROAD LEVEL OF SERVICES AT NUMEROUS GEOGRAPHIC LOCATIONS INCLUDING NURSING CARE, HOME CARE, SENIOR CARE, PHARMACIES, EYE CARE, HOSPICE CARE, OCCUPATIONAL HEALTH, DIALYSIS AND A DEDICATED CANCER CENTER THE SYSTEM DEMONSTRATES ITS EXEMPT PURPOSE TO BENEFIT THE COMMUNITY BY OPERATING EMERGENCY ROOMS OPEN TO THE PUBLIC 24 HOURS A DAY, 7 DAYS A WEEK, PROVIDING FACILITIES FOR THE EDUCATION AND TRAINING OF HEALTH CARE PROFESSIONALS, AND MAINTAINING RESEARCH FACILITIES FOR THE STUDY OF NEW DRUGS AND MEDICAL DEVICES THAT OFFER THE PROMISE OF IMPROVING HEALTH CARE THE SYSTEM ALSO PROVIDES COMMUNITY HEALTH SERVICES, SUCH AS COMMUNITY EDUCATION AND OUTREACH IN THE FORM OF FREE OR LOW-COST CLINICS, HEALTH EDUCATION TELEVISION PROGRAMMING, DONATIONS FOR THE COMMUNITY, MULTIPLE HEALTH PROMOTION AND WELLNESS PROGRAMS, SUCH AS HEALTH SCREENING, AND VARIOUS COMMUNITY PROJECTS AND SUPPORT GROUPS COMMUNITY PARTNERSHIPS HENRY FORD DEVELOPS INNOVATIVE WAYS TO ADDRESS THE SOCIAL, ECONOMIC AND EDUCATIONAL ISSUES THAT AFFECT THE HEALTH OF THE METRO DETROIT COMMUNITY THESE INCLUDE CENTER FOR HEALTH SERVICES RESEARCH-CONDUCTS RESEARCH FOCUSING ON OUTCOMES, EFFECTIVENESS AND COST-EFFECTIVENESS OF THE PREVENTION, DIAGNOSIS, TREATMENT AND MANAGEMENT OF SUCH DISEASES AS CANCER, DIABETES, ASTHMA AND CONGESTIVE HEART FAILURE AS WELL AS COMMON ACUTE CONDITIONS COMMUNITY HEALTH AND SOCIAL SERVICES (CHASS) CLINIC-PROVIDES PRIMARY CARE SERVICES TO MORE THAN 3,500 UNINSURED DETROIT RESIDENTS EVERY MONTH HFHS PHYSICIANS STAFF THE TWO CLINICS, WHICH ARE LOCATED IN SOUTHWEST DETROIT AND IN THE NEW CENTER AREA INNOVATION INSTITUTE AT HENRY FORD HOSPITAL - IN COLLABORATION WITH WAYNE STATE UNIVERSITY SCHOOL OF ENGINEERING AND CENTER FOR CREATIVE STUDIES, THE INNOVATION INSTITUTE AIMS TO RESEARCH AND DESIGN MEDICAL PRODUCTS TO ENHANCE MEDICAL USE AND TO CREATE NEW INDUSTRY IN THE REGIONINSTITUTE ON MULTICULTURAL HEALTH-STUDIES THE DISPARITIES IN HEALTH CARE AMONG PEOPLE OF COLOR AND FINDS SOLUTIONS FOR GETTING EARLY DIAGNOSIS AND TREATMENT OF DISEASES SCHOOL-BASED AND COMMUNITY HEALTH PROGRAM - PROVIDES STUDENTS ACCESS TO A HEALTH CARE CLINIC IN EIGHT DETROIT SCHOOLS, ONE DETROIT YOUTH CENTER AND ONE WARREN SCHOOL, INCLUDING PRIMARY CARE, DENTAL SERVICES, MENTAL HEALTH AND HEALTH EDUCATION IT HAS DEMONSTRATED BETTER ATTENDANCE AND TEST SCORES BY STUDENTS THE PROGRAM ALSO OFFERS A MOBILE PEDIATRIC MEDICAL CLINIC CALLED HANK, WHICH TRAVELS TO SEVEN DETROIT SCHOOLS EVERY WEEK AND IS FUNDED BY THE CHILDREN'S HEALTH FUND

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

Additional Data

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

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

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

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

	Name and address	Type of Facility (describe)
1	HENRY FORD MEDICAL CENTER - FAIRLANE 19901 HUBBARD DRIVE DEARBORN,MI 48126	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
2	HENRY FORD MEDICAL CENTER - LAKESIDE 14500 HALL RD STERLING HEIGHTS,MI 48313	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
3	HENRY FORD MEDICAL CENTER - STERLING HGT 3500 FIFTEEN MILE RD STERLING HEIGHTS,MI 48310	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
4	HENRY FORD MEDICAL CENTER - LIVONIA 29200 SCHOOLCRAFT RD LIVONIA,MI 48150	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
5	HENRY FORD MEDICAL CENTER - COLUMBUS 39450 W TWELVE MILE ROAD NOVI,MI 48377	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
6	HENRY FORD MEDICAL CENTER - TAYLOR 24555 HAIG RD TAYLOR,MI 48180	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
7	HENRY FORD MEDICAL CENTER - DETROIT NW 7800 W OUTER DRIVE DETROIT,MI 48235	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
8	HENRY FORD MEDICAL CENTER - CANTON 6100 HAGGERTY CANTON,MI 48187	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
9	HENRY FORD MEDICAL CENTER - E JEFFERSON 24725 E JEFFERSON SAINT CLAIR SHORES,MI 48080	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
10	HENRY FORD MEDICAL CENTER - PIERSONGPF 131 KERCHEVAL AVENUE GROSSE POINTE FARMS,MI 48236	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
11	HENRY FORD MEDICAL CENTER - TROY 2825 LIVERNOIS RD TROY,MI 48083	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
12	HENRY FORD MEDICAL CENTER - PLYMOUTH 14300 BECK RD PLYMOUTH,MI 48170	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
13	HENRY FORD MEDICAL CENTER - WOODHAVEN 2550S ALLEN ROAD WOODHAVEN,MI 48183	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
14	HENRY FORD MEDICAL CENTER - BLOOMFIELD 2520 S TELEGRAPH ROAD BLOOMFIELD HILLS,MI 48302	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
15	HENRY FORD MEDICAL CENTER - FARMINGTON 6530 FARMINGTON ROAD WEST BLOOMFIELD,MI 48322	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
16	HENRY FORD MEDICAL CENTER - ANN ARBOR 2755 CARPENTER RD ANN ARBOR,MI 48108	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
17	HENRY FORD MEDICAL CENTER - SOUTHLAND 21901 EUREKA RD TAYLOR,MI 48180	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
18	HENRY FORD MEDICAL CENTER - HAMTRAMCK 9100 BROMBACK STREET HAMTRAMCK,MI 48212	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
19	HENRY FORD MEDICAL CENTER - ROYAL OAK 26300 WOODWARD AVENUE ROYAL OAK,MI 48067	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
20	HENRY FORD MEDICAL CENTER - SOUTHFIELD 22777 W ELEVEN MILE RD SOUTHFIELD,MI 48034	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
21	HENRY FORD MEDICAL CENTER - WARREN 8600 CHICAGO RD SOUTH WARREN,MI 48093	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
22	HENRY FORD MEDICAL CENTER - DEARBORN 5500 AUTO CLUB DRIVE DEARBORN,MI 48126	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
23	HENRY FORD MEDICAL CENTER - HARBORTOWN 3370 E JEFFERSON AVENUE DETROIT,MI 48207	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
24	HENRY FORD MEDICAL CENTER - NEW CNTR ONE 3031 W GRAND BLVD DETROIT,MI 48202	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
25	HENRY FORD MEDICAL CENTER - CHRYSLER 1000 CHRYSLER DRIVE AUBURN HILLS,MI 48326	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
26	HFHS - NORTHWEST DETROIT DIALYSIS 7800 W OUTER DRIVE DETROIT,MI 48325	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
27	HFHS - NORTHWEST LAHSER DIALYSIS 25664 LAHSER RD SOUTHFIELD,MI 48034	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
28	HFHS - EASTPOINTE DIALYSIS 21400 KELLY RD EASTPOINTE,MI 48021	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
29	HFHS - FAIRLANE DIALYSIS 19001 HUBBARD DR DEARBORN,MI 48126	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
30	HFHS - NORTHLAND PARK DIALYSIS 21000 NORTHWESTERN HWY SOUTHFIELD,MI 48075	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
31	HFHS - SE MI KIDNEY CENTER 1695 W 12 MILE ROAD BERKLEY,MI 48072	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
32	HFHS - ST JOSEPH DIALYSIS 44200 WOODWARD SUITE 109 PONTIAC,MI 48341	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
33	HFHS - TAYLOR DIALYSIS 24555 HAIG RD TAYLOR,MI 48180	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
34	HFHS - TROY DIALYSIS 2050 LIVERNOIS SUITE A TROY,MI 48083	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
35	HFHS - ST MARY DIALYSIS 14555 LEVAN LIVONIA,MI 48154	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
36	HFHS - OPTIMEYES 4355 24TH AVENUE PORT HURON,MI 48059	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
37	HFHS - OPTIMEYES 2025 25 MILE ROAD SHELBY TOWNSHIP,MI 48316	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
38	HFHS - OPTIMEYES SUPER VISION CENTER 32600 GRATIOT ROSEVILLE,MI 48066	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
39	HFHS - OPTIMEYES SUPER VISION CENTER 35184 CENTRAL CITY PARKWAY WESTLAND,MI 48185	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
40	HFHS - OPTIMEYES SUPER VISION CENTER 6530 FARMINGTON ROAD WEST BLOOMFIELD,MI 48322	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
41	HFHS - OPTIMEYES SUPER VISION CENTER 43910 SCHOENHERR STERLING HEIGHTS,MI 48313	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
42	HFHS - OPTIMEYES SUPER VISION CENTER 735 JOHN R ROAD TROY,MI 48083	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
43	HFHS - OPTIMEYES SUPER VISION CENTER 18900 EUREKA RD SOUTHGATE,MI 48195	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
44	HFHS - OPTIMEYES 2799 W GRAND BLVD DETROIT,MI 48202	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
45	HFHS - OPTIMEYES 516 HIGHLAND AVE MILFORD,MI 48381	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
46	HFHS - OPTIMEYES 504 N TELEGRAPH ROAD MONROE,MI 48162	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
47	HFHS - OPTIMEYES 400 RENAISSANCE CENTER 2ND FLOOR DETROIT,MI 48235	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
48	HFHS - OPTIMEYES 38487 W 10 MILE RD FARMINGTON HILLS,MI 48335	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
49	HFHS - OPTIMEYES 7800 W OUTER DRIVE DETROIT,MI 48235	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
50	HFHS - OPTIMEYES 30800 SOUTHFIELD RD SOUTHFIELD,MI 48076	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
51	HFHS - OPTIMEYES SUPER VISION CENTER 5500 AUTO CLUB DRIVE DEARBORN,MI 48126	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
52	HFHS - OPTIMEYES 684 S LAPEER RD LAKE ORION,MI 48362	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
53	HFHS - OPTIMEYES 3500 FIFTEEN MILE RD STERLING HEIGHTS,MI 48310	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
54	HFHS - OPTIMEYES 15401 E JEFFERSON GROSSE POINTE PARK,MI 48230	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
55	HFHS - OPTIMEYES 27903 23 MILE ROAD CHESTERFIELD,MI 48051	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
56	HENRY FORD MEDICAL CLINIC - COMMERCE 8391 COMMERCE ROAD COMMERCE TOWNSHIP,MI 48382	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
57	HENRY FORD MEDICAL CENTER - RESEARCH 440 BURROUGHS DETROIT,MI 48202	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
58	HENRY FORD MEDICAL CENTER - TROY IVF 1500 W BIG BEAVER RD SUITE 105 TROY,MI 48084	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
59	HFHS - ALLEN PARK REHABILITATION 7445 ALLEN RD SUITE 102 ALLEN PARK,MI 48101	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
60	HFHS - HOSPICE RESIDENT CARE 11700 E TEN MILE ROAD WARREN,MI 48089	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
61	HFHS - HOSPICE RESIDENT CARE 26900 FRANKLIN ROAD SOUTHFIELD,MI 48033	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
62	HFHS - CENTER FOR ATHLETIC MEDICINE 6525 SECOND AVENUE DETROIT,MI 48202	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
63	HFHS - BEHAVIORAL SERVICES 42633 GARFIELD ROAD CLINTON TOWNSHIP,MI 48038	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
64	HFHS - BEHAVIORAL SERVICES 5110 AUTO CLUB DRIVE SUITE 112 DEARBORN,MI 48126	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
65	HFHS - ONE FORD PLACE ONE FORD PLACE DETROIT,MI 48202	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
66	HENRY FORD HEALTH PRODUCTS - NW DETROIT 7940 W OUTER DRIVE DETROIT,MI 48235	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
67	HENRY FORD HEALTH PRODUCTS - RIVERVIEW 17763 FORT STREET RIVERVIEW,MI 48192	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
68	HENRY FORD HEALTH PRODUCTS - WALLED LAKE 39630 FOURTEEN MILE ROAD WALLED LAKE,MI 48390	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
69	HENRY FORD HEALTH PRODUCTS - WOODHAVEN 23400 ALLEN ROAD WOODHAVEN,MI 48183	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
70	HFHS - FAIRLANE REHABILITATION 5225 AUTO CLUB DRIVE SUITE 100 DEARBORN,MI 48126	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
71	HENRY FORD HEALTH PRODUCTS - WARREN 13355 E TEN MILE ROAD WARREN,MI 48089	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
72	HENRY FORD MEDICAL CENTER - NOVI 40000 8 MILE RD NORTHVILLE,MI 48167	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
73	HENRY FORD HEALTH - CARDIOVASCULAR SV 16001 W NINE MILE ROAD SOUTHFIELD,MI 48075	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
74	HENRY FORD MEDICAL CENTER - ACCESS 6450 MAPLE DEARBORN,MI 48126	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM
75	HENRY FORD MEDICAL CENTER - CHASS 7436 WOODWARD AVENUE DETROIT,MI 48202	OUTPATIENT CLINIC/DIAGNOSTIC CENTER, EMERGENCY ROOM

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
HENRY FORD HEALTH SYSTEM

Employer identification number
38-1357020

Part I General Information on Grants and Assistance

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

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

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 31

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 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
(1) HELPING HANDS PROGRAM	94	169,743			
(2) PATIENT MEDICAL SUPPLIES & PHARMACEUTICALS	887		665,064	COST	PATIENTS MEETING FINANCIAL ASSISTANCE PROGRAM GUIDELINES MAY BE PROVIDED WITH PHARMACEUTICALS & MEDICAL SUPPLIES AT NO CHARGE UPON DISCHARGE

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

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

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN KIDNEY FUND 6110 EXECUTIVE BLVD- STE 1010 ROCKVILLE,MD 20852	23-7124261	501(C)(3)	180,000				ORGANIZATIONAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DETROIT CRISTO REY HIGH SCHOOL 5679 W VERNOR HIGHWAY DETROIT,MI 48209	04-3730980	501(C)(3)	30,000				ORGANIZATIONAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CROHN'S & COLITIS FOUNDATION OF AMERICA 25882 ORCHARD LAKE RD-SUITE 102 FARMINGTON HILLS, MI 48336	13-6193105	501(C)(3)	6,500				ORGANIZATIONAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITY YEAR DETROIT (CITY YEAR INC) 1 FORD PLACE-SUITE 1F DETROIT,MI 48202	22-2882549	501(C)(3)	15,000	101,050	FAIR MARKET VALUE	PROVISION OF OFFICE SPACE & POSTAGE AT NO COST	ORGANIZATIONAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 24445 NORTHWESTERN HWY SOUTHFIELD,MI 48075	13-5613797	501(C)(3)	20,000				ORGANIZATIONAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NATIONAL KIDNEY FOUNDATION OF MICHIGAN 1169 OAK VALLEY DRIVE ANN ARBOR, MI 48108	38-1559941	501(C)(3)	5,800				ORGANIZATIONAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MICHIGAN UNIVERSAL HEALTHCARE ACCESS NETWORK 35828 SMITHFIELD FARMINGTON HILLS, MI 48335	74-3142101	501(C)(3)	10,000				ORGANIZATIONAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DOWNTOWN DETROIT PARTNERSHIP 600 RENAISSANCE CENTER-SUITE 1740 DETROIT,MI 48243	38-3436456	501(C)(3)	9,150				ORGANIZATIONAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALLIANCE FOR VISION RESEARCH (A NIGHT FOR SIGHT) 29201 TELEGRAPH ROAD-SUITE 324 SOUTHFIELD,MI 48034	33-1088835	501(C)(3)	8,500				ORGANIZATIONAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
100 BLACK MEN OF GREATER DETROIT 1 FORD PLACE DETROIT,MI 48202	38-3124115	501(C)(3)	5,000	13,800	FAIR MARKET VALUE	BUILDING SPACE PROVISION	ORGANIZATIONAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
M-1 RAIL 600 RENAISSANCE CENTER-SUITE 1740 DETROIT,MI 48243	26-2310566	501(C)(3)	600,000				ORGANIZATIONAL SUPPORT

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

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VATTIKUTI FOUNDATION 3350 EASTPOINTE LN BLOOMFIELD,MI 48302	38-3380162	501(C)(3)	35,000				ORGANIZATIONAL SUPPORT

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

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ARAB COMMUNITY CENTER FOR ECONOMIC & SOCIAL SERVICES 2651 SAULINO COURT DEARBORN,MI 48120	23-7444497	501(C)(3)	6,000				ORGANIZATIONAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VOICES OF DETROIT INITIATIVE 4201 ST ANTOINE-UHC 9D DETROIT,MI 48201	20-2333719	501(C)(3)	25,000				ORGANIZATIONAL SUPPORT

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

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AUTISM ALLIANCE OF MICHIGAN PO BOX 532558 LIVONIA,MI 48153	27-0472137	501(C)(3)	5,450				ORGANIZATIONAL SUPPORT

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

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

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

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST JOSEPH MERCY HOSPITAL-OAKLAND 44405 WOODWARD AVENUE PONTIAC,MI 48341	38-2113393	501(C)(3)	7,500				ORGANIZATIONAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CARING ATHLETES TEAM FOR CHILDREN'S AND HENRY FORD HOSPITAL 3011 W GRAND BLVD-SUITE 223 DETROIT,MI 48202	38-2746810	501(C)(3)	8,800				ORGANIZATIONAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MICHIGAN PHYSICAL FITNESS HEALTH AND SPORTS FOUNDATION PO BOX 27187 LANSING,MI 48909	38-3172025	501(C)(3)	15,000				ORGANIZATIONAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DETROIT REGIONAL CHAMBER FOUNDATION INC ONE WOODWARD AVE-SUITE 1900 DETROIT,MI 48226	32-2352462	501(C)(3)	25,000				ORGANIZATIONAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MOSAIC YOUTH THEATRE OF DETROIT 3011 WEST GRAND BLVD SUITE 1510 DETROIT,MI 48202	38-3069610		6,500				ORGANIZATIONAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MI COUNCIL FOR MATERNAL & CHILD HEALTH 221 N WALNUT LANSING,MI 48933	38-2445458	501(C)(3)	25,000				ORGANIZATIONAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DETROIT HISTORICAL SOCIETY 5401 WOODWARD AVENUE DETROIT,MI 48202	38-1381144	501(C)(3)	11,000				ORGANIZATIONAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DETROIT ECONOMIC CLUB 211 WEST FORT STREET DETROIT,MI 48226	38-0508823	501(C)(3)	10,000				ORGANIZATIONAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY HEALTH & SOCIAL SERVICES CENTER INC (CHASS) 5635 W FORT STREET DETROIT,MI 48209	38-3094394	501(C)(3)		1,344,047	COST	PROVISION OF MEDICAL OFFICE & STAFF FOR COMMUNITY HEALTH CENTER	ORGANIZATIONAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MICHIGAN THANKSGIVING PARADE FOUNDATION 9500 MT ELLIOTT-SUITE A DETROIT,MI 48211	38-2460378	501(C)(3)	8,000				ORGANIZATIONAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY CULTURAL CENTER ASSOCIATION 3939 WOODWARD AVENUE DETROIT,MI 48201	38-2134035	501(C)(3)	904,000				ORGANIZATIONAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
URBAN LEAGUE OF DETROIT AND SOUTHEASTERN MICHIGAN 208 MACK AVENUE DETROIT,MI 48201	38-1358387	501(C)(3)	10,000				ORGANIZATIONAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MHA HEALTH FOUNDATION (PATIENT SAFETY ORGANIZATION) 6215 W ST JOSEPH HWY LANSING,MI 48917	38-6091188	501(C)(3)	70,606				ORGANIZATIONAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAFETY NET HOSPITALS FOR PHARMACEUTICAL ACCESS 1501 M STREET NW-7TH FLOOR WASHINGTON,DC 20005	20-5913680	501(C)(3)	10,000				ORGANIZATIONAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YMCA OF METROPOLITAN DETROIT 1401 BROADWAY - 3A DETROIT,MI 48226	38-1358055	501(C)(3)	6,000				ORGANIZATIONAL SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
HENRY FORD HEALTH SYSTEM

Employer identification number
38-1357020

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement 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 directors, trustees, officers, including 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 ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**	Yes	
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in 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

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

Return Reference	Explanation
PART I, LINE 1A	IT IS THE ORGANIZATION'S POLICY TO PAY OR REIMBURSE EMPLOYEES FOR BONAFIDE BUSINESS TRAVEL BASED ON THE MOST COST EFFECTIVE MEANS AVAILABLE GENERALLY, WHEN AIR TRAVEL IS INVOLVED THIS EQUATES TO COACH CLASS AIR FARE UNDER CERTAIN CIRCUMSTANCES, SUCH AS WHEN COACH CLASS IS NOT AVAILABLE OR THE TRIP IS OF AN EXTENSIVE DURATION, SENIOR LEADERSHIP HAS APPROVED BUSINESS CLASS, FIRST CLASS OR CHARTER TRAVEL IN SUCH CIRCUMSTANCES, THE TRAVEL IS CONSIDERED TO BE FOR A BONAFIDE BUSINESS PURPOSE, ACCORDINGLY NO TAXABLE INCOME IS REPORTED THERE WERE NO PAYMENTS OR REIMBURSEMENTS OF FIRST CLASS DURING 2013 CERTAIN MEMBERS OF THE ORGANIZATION'S SENIOR LEADERSHIP TEAM PARTICIPATE IN A SUPPLEMENTAL RETIREMENT PROGRAM THAT RESULTS IN REPORTABLE TAXABLE INCOME AS THE BENEFITS ACCRUE, RATHER THAN AS THEY ARE PAID THE ORGANIZATION ALSO OFFERS CERTAIN MEMBERS OF LEADERSHIP THE OPTION OF PARTICIPATING IN AN IRC SEC 457 BENEFIT PROGRAM WHICH ALSO RESULTS IN REPORTABLE TAXABLE INCOME AS BENEFITS ACCRUE, RATHER THAN AS THEY ARE PAID IT IS AN ELEMENT OF THE PLAN DESIGN TO ABSORB THE ADVANCE TAX IMPACT OF THESE PLANS FOR THE PARTICIPANTS IN SUCH CASES THE RELATED AMOUNTS ARE REPORTED AS TAXABLE INCOME TO THE INDIVIDUAL AND INCLUDED IN THE DETERMINATION OF REASONABLE COMPENSATION SEE Q 4B FOR THE REQUIRED LISTING OF THE PARTICIPATING INDIVIDUALS
PART I, LINE 4B	4B CERTAIN MEMBERS OF THE ORGANIZATION'S SENIOR LEADERSHIP TEAM PARTICIPATE IN A SUPPLEMENTAL RETIREMENT PROGRAM THAT RESULTS IN REPORTABLE TAXABLE INCOME AS THE BENEFITS ACCRUE, RATHER THAN AS THEY ARE PAID IT IS AN ELEMENT OF THE PLAN DESIGN TO ABSORB THE ADVANCE TAX IMPACT OF THESE PLANS FOR THE PARTICIPANTS IN SUCH CASES THE RELATED AMOUNTS ARE REPORTED AS TAXABLE INCOME TO THE INDIVIDUAL AND INCLUDED IN THE DETERMINATION OF REASONABLE COMPENSATION THE FOLLOWING PROVIDES THE REQUIRED LISTING OF THE PARTICIPATING INDIVIDUALS SCH J, LINE 4B, PERSON PARTICIPATING IN NONQUALIFIED RETIREMENT PLANS SEC 457(F) - SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) PARTICIPANT ACCRUAL DISTRIBUTION NON-VESTED REPORTABLE W-2 NANCY SCHLICHTING 568,441 - - 568,441 PARTICIPANT ACCRUAL DISTRIBUTION NON-VESTED REPORTABLE W-2 MARK KELLEY, MD - 1,663,223 - 650,126 JAMES CONNELLY 136,600 - - 136,600 WILLIAM CONWAY, MD - - 86,682 - ROBERT RINEY 149,090 - - 149,090 JOHN POLANSKI 39,724 - - 39,724 JOHN POPOVICH, MD 90,667 - - 90,667 GERARD VAN GRINSVEN - 165,238 - 29,668 WILLIAM ALVIN 392,770 - - 392,770 CONTRIBUTIONS TO SEC 457(B)-NON-QUALIFIED DEFERRED COMPENSATION RETIREMENT PLAN EMPLOYEE EMPLOYER MEDICARE REPORTABLE 2013 CONTR 2013 CONTR TAX GROSS-UP W-2 AMOUNTS NANCY SCHLICHTING - 17,500 421 17,921 MANI MENON, MD - 17,500 421 17,921 MARK ROSENBLUM, MD - 17,500 421 17,921 THEODORE PARSONS, MD - 17,500 421 17,921 JAMES CONNELLY - 17,500 421 17,921 ROBERT RINEY - 17,500 421 17,921 EMPLOYEE EMPLOYER MEDICARE REPORTABLE 2013 CONTR 2013 CONTR TAX GROSS-UP W-2 AMOUNTS GHAUS MALIK, MD - 17,500 421 17,921 JOHN POPOVICH, MD - 17,500 421 17,921 WILLIAM ALVIN - 11,293 272 11,564 JOHN POLANSKI 6,604 10,896 262 17,762 EDITH EISENMANN 17,500 - - 17,500 KATHLEEN YAREMCHUK, MD - 17,500 421 17,921 WILLIAM O'NEILL, MD - 15,715 378 16,093 GREG BARKLEY, MD - 2,475 60 2,535 WILLIAM CONWAY, MD 1,163 16,337 393 17,893 C E COFFEY, SR MD 9,195 8,305 200 17,700 ACCRUALS TO SELECT SEC 457(F)-NON-QUALIFIED DEFERRED COMPENSATION RETIREMENT PLAN 2013 ACCRUALS JOHN POPOVICH, M D 84,000
PART I, LINE 5	CERTAIN PHYSICIANS EMPLOYED BY THE ORGANIZATION RECEIVE COMPENSATION BASED ON A CONTRACTUAL FORMULA THAT PROVIDES FOR A MINIMUM BASE SALARY AND INCREMENTAL COMPENSATION WHEN DEPARTMENTAL NET REVENUE EXCEEDS A PREDETERMINED LEVEL SUCH ARRANGEMENTS AND THE RESULTING COMPENSATION ARE CONSIDERED IN THE EVALUATION OF REASONABLE COMPENSATION
PART I, LINE 7	CERTAIN PHYSICIANS EMPLOYED BY THE ORGANIZATION RECEIVE COMPENSATION BASED ON A BASE SALARY AND AN INCENTIVE PAYMENT WHEN SERVICE VOLUMES EXCEED A PREDETERMINED LEVEL SUCH AGREEMENTS AND THE RESULTING COMPENSATION ARE CONSIDERED IN THE EVALUATION OF REASONABLE COMPENSATION

Additional Data

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
GREGORY L BARKLEY MD TRUSTEE	(I)	285,712	9,400	29,889	31,858	25,329	382,188	0
	(II)	0	0	0	0	0	0	0
WILLIAM A CONWAY MD TRUSTEE	(I)	637,554	50,782	18,893	118,540	19,685	845,454	0
	(II)	0	0	0	0	0	0	0
MARK A KELLEY MD PHYS TRUSTEE/EVP THRU 1/2/13	(I)	36,480	302,728	650,126	1,016,477	1,232	2,007,043	1,663,223
	(II)	0	0	0	0	0	0	0
NANCY M SCHLICTING PRESIDENT AND C E O	(I)	1,419,555	1,033,403	599,500	29,308	24,321	3,106,087	0
	(II)	0	0	0	0	0	0	0
KATHLEEN L YAREMCHUK MD PHYSICIAN TRUSTEE	(I)	601,794	29,009	22,169	31,858	27,472	712,302	0
	(II)	0	0	0	0	0	0	0
JAMES M CONNELLY TREASURER/C F O	(I)	662,923	268,013	177,080	29,308	16,254	1,153,578	0
	(II)	0	0	0	0	0	0	0
EDITH L EISENMANN SECRETARY	(I)	180,375	19,688	20,460	25,545	13,124	259,192	0
	(II)	0	0	0	0	0	0	0
BRIAN R GAMBLE ASSISTANT TREASURER	(I)	217,136	24,438	22,844	31,373	19,855	315,646	0
	(II)	0	0	0	0	0	0	0
WILLIAM ALVIN C E O -HAP THRU 9-30-13	(I)	445,022	217,182	409,726	31,858	11,660	1,115,448	0
	(II)	0	0	0	0	0	0	0
GERALD VAN GRINSVEN CEO-W BLMFLD HOSP THRU 6/2/13	(I)	196,748	137,909	29,668	156,202	9,927	530,454	165,238
	(II)	0	0	0	0	0	0	0
EDWARD COFFEY MD VP - BEHAVIORAL SERVICES	(I)	385,911	18,970	30,079	31,859	26,473	493,292	0
	(II)	0	0	0	0	0	0	0
JOHN POPOVICH MD CEO-HF HOSPITAL/PHYSICIAN	(I)	790,946	288,641	116,040	115,858	26,867	1,338,352	0
	(II)	0	0	0	0	0	0	0
JOHN J POLANSKI CEO-COMMUNITY CARE SERVICE	(I)	438,547	131,513	59,768	31,858	4,090	665,776	0
	(II)	0	0	0	0	0	0	0
ROBERT G RINEY SENIOR VP AND C O O	(I)	917,323	370,356	171,063	31,859	21,509	1,512,110	0
	(II)	0	0	0	0	0	0	0
LYNN TOROSSIAN CEO-W BLMFLD HOSP START 11/25/13	(I)	24,785	0	42	0	1,347	26,174	0
	(II)	0	0	0	0	0	0	0
MANI MENON MD PHYSICIAN	(I)	874,904	683,455	17,921	31,859	23,729	1,631,868	0
	(II)	0	0	0	0	0	0	0
MARK L ROSENBLUM MD PHYSICIAN	(I)	780,756	206,000	250,921	31,859	26,280	1,295,816	0
	(II)	0	0	0	0	0	0	0
THEODORE W PARSONS MD PHYSICIAN	(I)	891,841	41,114	24,929	26,758	25,345	1,009,987	0
	(II)	0	0	0	0	0	0	0
GHAUS MALIK MD PHYSICIAN	(I)	628,921	10,468	335,697	31,858	22,981	1,029,925	0
	(II)	0	0	0	0	0	0	0
WILLIAM O'NEIL MD PHYSICIAN	(I)	671,169	326,984	19,657	26,759	28,545	1,073,114	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
HENRY FORD HEALTH SYSTEM

Employer identification number
38-1357020

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MICHIGAN STATE HOSPITAL FINANCE AUTHORITY	38-2889417	59465HDM5	06-27-2006	403,115,204	SEE PART VI		X		X		X
B	MICHIGAN STATE HOSPITAL FINANCE AUTHORITY	38-2889417	59465HGS9	11-29-2007	165,735,000	SEE PART VI		X		X		X
C	MICHIGAN STATE HOSPITAL FINANCE AUTHORITY	38-2889417	594654MA1	11-03-2009	322,571,412	SEE PART VI		X		X		X
D	MICHIGAN STATE HOSPITAL FINANCE AUTHORITY	80-0596186		12-20-2013	75,000,000	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	21,245,000	14,140,000	21,360,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	447,442,232	165,735,000	322,571,784	56,602,793
4	Gross proceeds in reserve funds	23,348,894		23,348,894	
5	Capitalized interest from proceeds	24,165,427		12,938,234	
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	3,541,881	1,453,729	4,474,851	
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	253,937,393	164,281,271	87,119,305	56,602,793
11	Other spent proceeds	165,797,531		194,690,500	
12	Other unspent proceeds	18,397,207			18,397,207
13	Year of substantial completion	2009	2007	2009	

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test?		X		X		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	X			X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	1 990 %				0 140 %			
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?	X				X			
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		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		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X	X			X
b	Exception to rebate?		X		X	X		X	
c	No rebate due?	X		X			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			X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
PART I, COLUMN (F), DESCRIPTION OF PURPOSE	(A) ISSUER NAME MICHIGAN STATE HOSPITAL FINANCE AUTHORITY (F) DESCRIPTION OF PURPOSE REFUND 1999 (10/12/99), 1992A (9/16/92) & 2003A BONDS (2/13/03), FUND NEW CONSTRUCTION (B) ISSUER NAME MICHIGAN STATE HOSPITAL FINANCE AUTHORITY (F) DESCRIPTION OF PURPOSE FUND ACQUISITION OF ASSETS (C) ISSUER NAME MICHIGAN STATE HOSPITAL FINANCE AUTHORITY (F) DESCRIPTION OF PURPOSE REFUND 2006B&C (6/27/06) BONDS, FUND NEW CONSTRUCTION (D) ISSUER NAME MICHIGAN STATE HOSPITAL FINANCE AUTHORITY (F) DESCRIPTION OF PURPOSE FUND ACQUISITION OF ASSETS AND EQUIPMENT PART I, COLUMN (E) AND PART II, LINE 3 - DIFFERENCES BETWEEN THE ISSUE PRICE SHOWN IN PART I, COLUMN (E) AND TOTAL PROCEEDS SHOWN IN PART II, LINE 3 ARE DUE TO INVESTMENT EARNINGS PART II, LINE 3, COLUMN A - FOR PURPOSES OF DETERMINING PROCEEDS ON THE ISSUE, WE HAVE ASSUMED THAT THE "PROJECT PERIOD" WITH RESPECT TO THE REFUNDING PORTION OF AN ISSUE ENDS ON THE DATE THE REFUNDED BONDS ARE CALLED AND RETIRED PART IV, LINE 2C, COLUMN A - DATE OF REBATE COMPUTATION, 3/24/2011 PART IV, LINE 2C, COLUMN B - DATE OF REBATE COMPUTATION, 11/28/2012 PART IV, LINE 6, COLUMN A - THIS WAS AN ADVANCE REFUNDING ISSUE, WHICH HAS A 30-DAY TEMPORARY PERIOD AS SUCH, THE PROCEEDS HAVE BEEN YIELD RESTRICTED

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
HENRY FORD HEALTH SYSTEM

Employer identification number
38-1357020

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

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

1 (a) Name of disqualified person	(b) 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? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? 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

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV - BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF PERSON WALGREENS(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION BOARD MEMBER/CURRENT OFFICER(D) DESCRIPTION OF TRANSACTION PHARMACY SERVICES (A) NAME OF PERSON COMERICA BANK(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION BOARD MEMBER/BOARD MEMBER(D) DESCRIPTION OF TRANSACTION BANKING SERVICES(A) NAME OF PERSON STERIS CORP (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION BOARD MEMBER/BOARD MEMBER(D) DESCRIPTION OF TRANSACTION MEDICAL SUPPLIES(A) NAME OF PERSON FORD MOTOR LAND DEVELOPMENT CO (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION BOARD MEMBER/BOARD MEMBER(D) DESCRIPTION OF TRANSACTION BUILDING RENT(A) NAME OF PERSON DETROIT LIONS(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION OFFICER/BOARD MEMBER(D) DESCRIPTION OF TRANSACTION MEDICAL SERVICES(A) NAME OF PERSON JUSTIN M COFFEY, MD(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER/KEY EMPLOYEE(D) DESCRIPTION OF TRANSACTION EMPLOYEE COMPENSATION(A) NAME OF PERSON COLLEEN GRACE, MD(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER/CURRENT TRUSTEE (D) DESCRIPTION OF TRANSACTION EMPLOYEE COMPENSATION(A) NAME OF PERSON CHARLES E COFFEY, JR , MD(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER/KEY EMPLOYEE(D) DESCRIPTION OF TRANSACTION EMPLOYEE COMPENSATION(A) NAME OF PERSON NANCY SAMMONS(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER/KEY EMPLOYEE(D) DESCRIPTION OF TRANSACTION EMPLOYEE COMPENSATION(A) NAME OF PERSON PEGGY ORR(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER/CURRENT OFFICER(D) DESCRIPTION OF TRANSACTION EMPLOYEE COMPENSATION(CONTINUATION), PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS (A) NAME OF PERSON ELIZABETH TYLER WANG(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER/KEY EMPLOYEE(C) AMOUNT OF TRANSACTION $68,675(D) DESCRIPTION OF TRANSACTION EMPLOYEE COMPENSATION(E) SHARING OF ORGANIZATION'S REVENUES? NO(A) NAME OF PERSON THOMAS EISENMANN(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER/CURRENT OFFICER(C) AMOUNT OF TRANSACTION $60,504 00(D) DESCRIPTION OF TRANSACTION EMPLOYEE COMPENSATION(E) SHARING OF ORGANIZATION'S REVENUES? NO(A) NAME OF PERSON JOSHUA GAMBLE(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER/CURRENT OFFICER (C) AMOUNT OF TRANSACTION $27,671 00(D) DESCRIPTION OF TRANSACTION EMPLOYEE COMPENSATION(E) SHARING OF ORGANIZATION'S REVENUES? NO(A) NAME OF PERSON SUSAN CONWAY(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER/CURRENT TRUSTEE(C) AMOUNT OF TRANSACTION $21,852 00(D) DESCRIPTION OF TRANSACTION EMPLOYEE COMPENSATION(E) SHARING OF ORGANIZATION'S REVENUES? NO(A) NAME OF PERSON DETROIT LIONS(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION OFFICER/BOARD MEMBER(C) AMOUNT OF TRANSACTION $20,021 00(D) DESCRIPTION OF TRANSACTION SPORTING TICKETS(E) SHARING OF ORGANIZATION'S REVENUES? NO(A) NAME OF PERSON FORD MOTOR COMPANY(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION OFFICER/BOARD MEMBER(C) AMOUNT OF TRANSACTION $18,256 00(D) DESCRIPTION OF TRANSACTION FACILITY FEES(E) SHARING OF ORGANIZATION'S REVENUES? NO(A) NAME OF PERSON KERRY CONWAY(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER/CURRENT TRUSTEE(C) AMOUNT OF TRANSACTION $12,576 00(D) DESCRIPTION OF TRANSACTION EMPLOYEE COMPENSATION(E) SHARING OF ORGANIZATION'S REVENUES? NO(A) NAME OF PERSON PAMELA THEISEN(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER/CURRENT OFFICER (C) AMOUNT OF TRANSACTION $15,600 00(D) DESCRIPTION OF TRANSACTION CONSULTING SERVICES(E) SHARING OF ORGANIZATION'S REVENUES? NO

Additional Data

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

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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)					No
(2) WALGREENS	SEE BELOW	6,488,670	SEE BELOW		No
(3) COMERICA BANK	SEE BELOW	918,017	SEE BELOW		No
(4) STERIS CORP	SEE BELOW	506,043	SEE BELOW		No
(5) FORD MOTOR LAND DEV	SEE BELOW	297,857	SEE BELOW		No
(6) DETROIT LIONS	SEE BELOW	146,000	SEE BELOW		No
(7) JUSTIN COFFEY MD	SEE BELOW	276,690	SEE BELOW		No
(8) COLLEEN GRACE MD	SEE BELOW	272,158	SEE BELOW		No
(9) CHARLES E COFFEY JR MD	SEE BELOW	206,721	SEE BELOW		No
(10) NANCY SAMMONS	SEE BELOW	130,071	SEE BELOW		No
(11) PEGGY ORR	SEE BELOW	100,155	SEE BELOW		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
HENRY FORD HEALTH SYSTEM

Employer identification number
38-1357020

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	4	8,000	FAIR MARKET VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	19	954,848	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	3	216,398	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MISCELLANEOUS)	X	183	308,880	FAIR MARKET VALUE
26 Other ▶( )				
27 Other ▶( )				
28 Other ▶ ( )				

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

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

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 32B	BROKERAGE FIRM SELLS DONATIONS OF STOCK

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

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Open to Public Inspection

Name of the organization
HENRY FORD HEALTH SYSTEM

Employer identification number
38-1357020

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BUSINESS RELATIONSHIP - STEPHANIE BERGERON (CURRENT TRUSTEE) AND EDWARD CALLAGHAN, PHD (CURRENT TRUSTEE)

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

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

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

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

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	IT IS THE PRACTICE OF THE ORGANIZATION TO MAKE ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO ANY PARTY REQUESTING SUCH INFORMATION AS A HOLDER OF TAX EXEMPT DEBT THE FINANCIAL STATEMENTS OF THE ORGANIZATION ARE MADE AVAILABLE TO A PUBLIC CLEARING HOUSE ON A QUARTERLY BASIS PART IV, LINE 12 THE ORGANIZATION IS AN ELEMENT OF THE EXTERNAL AUDIT REPORT OBTAINED FOR THE CONSOLIDATED OPERATIONS OF HENRY FORD HEALTH SYSTEM SCHEDULE R, PART V, LINE 1D AND 1E THE ORGANIZATION IS A MEMBER OF THE HENRY FORD HEALTH SYSTEM OBLIGATED GROUP MEMBERS OF THE OBLIGATED GROUP ARE JOINTLY AND SEVERALLY LIABLE FOR OUTSTANDING OBLIGATIONS ISSUED UNDER THE BOND MASTER INDENTURE SCHEDULE R, PART II, IDENTIFICATION OF OTHER RELATED ORGANIZATIONS THE ORGANIZATION HAS THE FOLLOWING OPERATING DIVISIONS THAT ARE NOT SEPARATE LEGAL ENTITIES BUT HAVE THEIR OWN UNIQUE ASSIGNED EIN'S FINANCIAL INFORMATION RELATING TO THESE DIVISIONS ARE INCLUDED IN THIS RETURN -HENRY FORD WEST BLOOMFIELD HOSPITAL (26-3896897) -CENTER FOR COMPLEMENTARY AND INTEGRATIVE MEDICINE (30-0092342) -HENRY FORD HEALTH SYSTEM - SCHOOL BASED HEALTH INITIATIVE (87-0729167) -COTTAGE HOSPITAL PHYSICIAN PRACTICE (26-4245539) -HENRY FORD PATHOLOGY (41-2223561) SCHEDULE R, PART V, LINE 2, COLUMN C ALL TRANSACTIONS REPORTED ARE BASED ON CASH VALUE

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION LIABILITY ADJUSTMENT 63,561,813 INTERCOMPANY TRANSFERS 18,393,016

Return Reference	Explanation
FORM 990, PART VII, SECTION A, LINE 1A, COLUMN B	AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS MANY EXECUTIVE EMPLOYEES OF HFHS PROVIDE SERVICES TO MULTIPLE AFFILIATED ENTITIES HENRY FORD HEALTH SYSTEM USES ESTIMATES FOR REPORTING AVERAGE HOURS PER WEEK IN ALL SECTIONS OF FORM 990 GENERALLY 60 HOURS ARE REPORTED FOR THE HOURS ASSOCIATED FOR THE ORGANIZATION THAT THE INDIVIDUAL HAS PRINCIPAL RESPONSIBILITY FOR HOURS ASSOCIATED WITH OTHER HOSPITAL OR LARGER ORGANIZATIONS ARE REPORTED AT 5 PER WEEK, AND FOR SMALLER ORGANIZATIONS 1 HOUR PER WEEK IS REPORTED

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE ORGANIZATION IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF HENRY FORD HEALTH SYSTEM (HFHS) AND AFFILIATES THE GOVERNING BODY OF HFHS HAS DELEGATED THE OVERSIGHT OF FINANCIAL STATEMENTS, INCLUDING THE CHOICE OF FINANCIAL AUDITORS, TO ITS AUDIT COMMITTEE.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
HENRY FORD HEALTH SYSTEM

Employer identification number
38-1357020

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

(a) Name, address, and EIN (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
(1) P-COR LLC 655 W 13 MILE ROAD MADISON HEIGHTS, MI 48071 38-3322462	EYE CARE SERVICES	MI	41,910,933	17,634,162	HENRY FORD HEALTH SYSTEM
(2) NEIGHBORHOOD DEVELOPMENT LLC ONE FORD PLACE DETROIT, MI 48202 33-1210726	REAL ESTATE	MI	17,916	12,192,498	HENRY FORD HEALTH SYSTEM
(3) HFHS EMPLOYMENT COMPANY LLC ONE FORD PLACE DETROIT, MI 48202 45-3852852	STAFFING SERVICES	MI	0	0	HENRY FORD HEALTH SYSTEM

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) NORTHWEST DETROIT DIALYSIS 30100 TELEGRAPH BINGHAM FARMS, MI 48025 38-3232668	OPERATE DIALYSIS CLINIC	MI	HENRY FORD HEALTH SYSTEM	RELATED	2,358,876	6,764,141		No		Yes		56 250 %
(2) DIALYSIS PARTNERS OF NW OHIO 30100 TELEGRAPH BINGHAM FARMS, MI 48025 34-1877956	OPERATE DIALYSIS CLINIC	OH	HENRY FORD HEALTH SYSTEM	RELATED	15,911,973	1,227,286		No		Yes		57 000 %
(3) MACOMB REGIONAL DIALYSIS CENTERS 16151 NINETEEN MILE ROAD CLINTON TOWNSHIP, MI 48038 26-0423581	OPERATE DIALYSIS CLINIC	MI	HENRY FORD HEALTH SYSTEM	RELATED	931,891	734,222		No		Yes		60 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
See Additional Data Table									

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

		Yes	No
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 orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f	Yes	
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

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

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HENRY FORD MACOMB HOSPITAL CORPORATION ONE FORD PLACE DETROIT, MI 48202 38-2947657	HEALTHCARE SERVICE PROVIDER	DE	501(C)(3)	3	HENRY FORD HEALTH SYSTEM	Yes	
(1) HENRY FORD WYANDOTTE HOSPITAL 2333 BIDDLE AVE WYANDOTTE, MI 48192 38-2791823	HEALTHCARE SERVICE PROVIDER	MI	501(C)(3)	3	HENRY FORD HEALTH SYSTEM	Yes	
(2) HENRY FORD HEALTH SYSTEM FOUNDATION ONE FORD PLACE DETROIT, MI 48202 23-7383042	SUPPORTING ORGANIZATION	MI	501(C)(3)	11A-TYPE 1	HENRY FORD HEALTH SYSTEM	Yes	
(3) HEALTH ALLIANCE PLAN 2850 W GRAND BLVD DETROIT, MI 48202 38-2242827	HEALTH MAINTENANCE ORGANIZATION	MI	501(C)(4)	N/A	HENRY FORD HEALTH SYSTEM	Yes	
(4) HFHS SELF FUNDED LIABILITY ONE FORD PLACE DETROIT, MI 48202 38-6553031	MALPRACTICE INSURANCE	MI	501(C)(4)	N/A	HENRY FORD HEALTH SYSTEM	Yes	
(5) DOWNRIVER CENTER FOR ONCOLOGY ONE FORD PLACE DETROIT, MI 48202 38-3193008	HEALTHCARE SERVICE PROVIDER	MI	501(C)(3)	3	HENRY FORD HEALTH SYSTEM	Yes	
(6) HENRY FORD CONTINUING CARE ONE FORD PLACE DETROIT, MI 48202 38-2433285	NURSING HOMES	MI	501(C)(3)	9	HENRY FORD HEALTH SYSTEM	Yes	
(7) HFII CORPORATION ONE FORD PLACE DETROIT, MI 48202 90-0840304	SCIENTIFIC RESEARCH	MI	501(C)(3)	7	HENRY FORD HEALTH SYSTEM	Yes	
(8) HENRY FORD HEALTH SYSTEM GOVERMENTAL AFFAIRS SERVICES ONE FORD PLACE DETROIT, MI 48202 46-4064067	ADVOCACY FOR HFHS AND AFFILIATES	MI	501(C)(4)	N/A	HENRY FORD HEALTH SYSTEM	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
FAIRLANE HEALTH SERVICES 30100 TELEGRAPH BINGHAM FARMS, MI 48025 38-2565235	HEALTHCARE MANAGEMENT	MI	HENRY FORD HEALTH SYSTEM	C	12,768		100 000 %	Yes	
SHA REALTY INC ONE FORD PLACE DETROIT, MI 48202 38-1378121	REAL ESTATE HOLDING	MI	HENRY FORD HEALTH SYSTEM	C	554,758	4,174,950	100 000 %	Yes	
ALLIANCE HEALTH AND LIFE INSURANCE 2850 W GRAND BLVD DETROIT, MI 48202 38-3291563	HEALTH INSURANCE PROVIDER	MI	HEALTH ALLIANCE PLAN	C				Yes	
HAP PREFERRED INC 2850 W GRAND BLVD DETROIT, MI 48202 38-2513504	PROVIDER NETWORK LEASING	MI	HEALTH ALLIANCE PLAN	C				Yes	
HORIZON PROPERTIES INC ONE FORD PLACE DETROIT, MI 48202 38-2679527	REAL ESTATE - LESSOR BUILDINGS	MI	HENRY FORD MACOMB HOSPITAL	C				Yes	
ONIKA INSURANCE LTD FIRST CARRIBEAN HOUSE GRAND CAYMAN CJ	CAPTIVE INSURANCE	CJ	HENRY FORD HEALTH SYSTEM	C	752,836	80,219,489	100 000 %	Yes	
HENRY FORD PHYSICIAN NETWORK ONE FORD PLACE DETROIT, MI 48202 32-0306774	PHYSICIAN NETWORK	MI	HENRY FORD HEALTH SYSTEM	C	2,125,441	1,882,715	100 000 %	Yes	
HAP COMMUNITY ALLIANCE 2850 W GRAND BLVD DETROIT, MI 48202 27-0449055	HEALTH MAINTENANCE ORGANIZAION	MI	HEALTH ALLIANCE PLAN	C				Yes	
ADMINISTRATION SYSTEMS RESEARCH CORPORATION 2850 W GRAND BLVD DETROIT, MI 48202 38-2651185	THIRD PARTY INSURANCE ADMINISTRATOR	MI	HEALTH ALLIANCE PLAN	C				Yes	
MIDWEST HEALTH PLAN 4700 SHAEFER ROAD SUITE 340 DEARBORN, MI 48126 38-3123777	HEALTH INSURANCE PROVIDER	MI	HEALTH ALLIANCE PLAN	C				Yes	

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
HEALTH ALLIANCE PLAN	L	506,019,954	CASH VALUE
HENRY FORD WYANDOTTE HOSPITAL	Q	193,984,196	CASH VALUE
HENRY FORD MACOMB HOSPITAL CORPORATION	Q	290,068,613	CASH VALUE
HEALTH ALLIANCE PLAN	M	131,321,973	CASH VALUE
HEALTH ALLIANCE PLAN	D	4,583,333	CASH VALUE
HEALTH ALLIANCE PLAN	F	21,800,000	CASH VALUE
HENRY FORD HEALTH SYSTEM FOUNDATION	C	16,203,650	CASH VALUE
HFHS SELF FUNDED LIABILITY	M	3,000,000	CASH VALUE
ONIKA INSURANCE LTD	M	2,100,000	CASH VALUE
DOWNRIVER CENTER FOR ONCOLOGY	O	2,955,370	CASH VALUE
HENRY FORD CONTINUING CARE	Q	15,864,869	CASH VALUE
HEALTH ALLIANCE PLAN	Q	7,705,080	CASH VALUE
P-COR LLC	Q	30,659,790	CASH VALUE
P-COR LLC	P	748,799	CASH VALUE
NEIGHBORHOOD DEVELOPMENT LLC	Q	986,783	CASH VALUE
ALLIANCE HEALTH & LIFE INSURANCE CO	Q	54,057	CASH VALUE
NORTHWEST DETROIT DIALYSIS	O	7,188,211	CASH VALUE
GAM RENAL LTD (DIALYSIS) PARTNERS OF NW OHIO	O	3,315,950	CASH VALUE
MACOMB REGIONAL DIALYSIS CENTERS	O	1,663,635	CASH VALUE
NORTHWEST DETROIT DIALYSIS	F	1,575,000	CASH VALUE
GAM RENAL LTD (DIALYSIS) PARTNERS OF NW OHIO	F	15,751,021	CASH VALUE
MACOMB REGIONAL DIALYSIS CENTERS	F	528,000	CASH VALUE
HFHS SELF FUNDED LIABILITY	Q	3,469,779	CASH VALUE
ONIKA INSURANCE LTD	Q	1,999,390	CASH VALUE
SHA REALTY INC	Q	1,165,058	CASH VALUE

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
SHA REALTY INC	B	1,629,000	CASH VALUE
NEIGHBORHOOD DEVELOPMENT LLC	B	848,000	CASH VALUE
SHA REALTY INC	S	1,100,246	CASH VALUE
MIDWEST HEALTH PLAN	Q	80,042	CASH VALUE
HENRY FORD HEALTH SYSTEM GOVERNMENT AFFAIRS SERVICES	M	271,875	CASH VALUE
HENRY FORD WYANDOTTE HOSPITAL	Q	14,791,360	CASH VALUE
HENRY FORD MACOMB HOSPITAL CORPORATION	Q	20,328,472	CASH VALUE
HENRY FORD CONTINUING CARE	Q	2,390,200	CASH VALUE
HEALTH ALLIANCE PLAN	Q	8,697,165	CASH VALUE
HEALTH ALLIANCE PLAN	A	328,290	CASH VALUE
HEALTH ALLIANCE PLAN	P	46,207,197	CASH VALUE
HENRY FORD HEALTH SYSTEM GOVERNMENT AFFAIRS SERVICES	Q	271,875	CASH VALUE

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TY 2013 Affiliated Group Schedule

Name: HENRY FORD HEALTH SYSTEM
EIN: 38-1357020

Affiliated Group Business Name:	HENRY FORD WYANDOTTE HOSPITAL
Address. Either US or Foreign Type:	2333 BIDDLE AVE WYANDOTTE, MI 48192
EIN:	38-2791823
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	292,386,398
Total Exempt Purpose Expenditures:	292,386,398
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	HENRY FORD CONTINUING CARE CORPORATION
Address. Either US or Foreign Type:	ONE FORD PLACE DETROIT, MI 48202
EIN:	38-2433285
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	24,211,819
Total Exempt Purpose Expenditures:	24,211,819
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	HENRY FORD HEALTH SYSTEM FOUNDATION
Address. Either US or Foreign Type:	ONE FORD PLACE DETROIT, MI 48202
EIN:	23-7383042
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	19,222,764
Total Exempt Purpose Expenditures:	19,222,764
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	DOWNRIVER CANCER CENTER
Address. Either US or Foreign Type:	ONE FORD PLACE DETROIT, MI 48202
EIN:	38-3193008
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	4,017,446
Total Exempt Purpose Expenditures:	4,017,446
Lobbying Nontaxable Amount:	350,872
Grassroots Nontaxable Amount:	87,718
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	HENRY FORD MACOMB HOSPITAL CORPORATION
Address. Either US or Foreign Type:	ONE FORD PLACE DETROIT, MI 48202
EIN:	38-2947657
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	429,768,422
Total Exempt Purpose Expenditures:	429,768,422
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	HFII CORPORATION
Address. Either US or Foreign Type:	ONE FORD PLACE DETROIT, MI 48202
EIN:	90-0840304
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	1,715,295
Total Exempt Purpose Expenditures:	1,715,295
Lobbying Nontaxable Amount:	235,765
Grassroots Nontaxable Amount:	58,941
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	HENRY FORD HEALTH SYSTEM GOVERNMENT AFFAIRS
Address. Either US or Foreign Type:	ONE FORD PLACE DETROIT, MI 48202
EIN:	46-4064067
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	271,875
Total Exempt Purpose Expenditures:	271,875
Lobbying Nontaxable Amount:	54,375
Grassroots Nontaxable Amount:	13,594
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

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TY 2013 Earnings and Profits Other Adjustments Statement

Name: HENRY FORD HEALTH SYSTEM

EIN: 38-1357020

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	2,138,990
DECREASE IN UNEARNED RESERVES	-562,768
NON-INSURANCE ELIMINATION	129,400

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TY 2013 Itemized Other Current Liabilities Schedule

Name: HENRY FORD HEALTH SYSTEM

EIN: 38-1357020

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
ONIKA INSURANCE COMPANY LTD	38-1357020	UNEARNED INSURANCE PREMIUMS	4,289,892	1,347,974

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TY 2013 Itemized Other Current Assets Schedule

Name: HENRY FORD HEALTH SYSTEM

EIN: 38-1357020

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
ONIKA INSURANCE COMPANY LTD	38-1357020	LOSSES RECOVERABLE FROM REINSURERS	9,603,551	8,108,733
ONIKA INSURANCE COMPANY LTD	38-1357020	PREPAID REINSURANCE PREMIUMS	2,522,992	2,394,914
ONIKA INSURANCE COMPANY LTD	38-1357020	INTEREST RECEIVABLE	170,754	123,895
ONIKA INSURANCE COMPANY LTD	38-1357020	PREPAID EXPENSES	115,220	114,480

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TY 2013 Other Deductions Schedule

Name: HENRY FORD HEALTH SYSTEM

EIN: 38-1357020

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
ADMINISTRATIVE EXPENSES	512,416	512,416

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TY 2013 Itemized Other Investments Schedule

Name: HENRY FORD HEALTH SYSTEM

EIN: 38-1357020

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
ONIKA INSURANCE COMPANY LTD	38-1357020	INVESTMENTS	82,526,036	59,381,389
ONIKA INSURANCE COMPANY LTD	38-1357020	RECEIVABLE FOR INVESTMENTS SOLD	540,996	3,846,776

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TY 2013 Itemized Other Liabilities Schedule

Name: HENRY FORD HEALTH SYSTEM

EIN: 38-1357020

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
ONIKA INSURANCE COMPANY LTD	38-1357020	OUTSTANDING LOSSES AND ADJUSTMENTS	102,194,813	74,200,199
ONIKA INSURANCE COMPANY LTD	38-1357020	PAYABLE FOR INVESTMENTS PURCHASED	702,116	4,156,517

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TY 2013 Other Income Statement

Name: HENRY FORD HEALTH SYSTEM

EIN: 38-1357020

Description	Foreign Amount	Amount
CHANGE IN UNREALIZED LOSS/GAIN	-2,138,990	-2,138,990

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

TY 2013 Functional Currency and Exchange Rate QBU Statement

Name: HENRY FORD HEALTH SYSTEM

EIN: 38-1357020

QBU Id	Country of Operation	Functional Currency
USD		0.00000

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

TY 2013 Functional Currency and Exchange Rate QBU Statement

Name: HENRY FORD HEALTH SYSTEM

EIN: 38-1357020

QBU Id	Country of Operation	Functional Currency
USD		0.00000

Consolidated Financial Statements as of and for the
Years Ended December 31, 2013 and 2012,
Consolidating Schedules as of and for the
Year Ended December 31, 2013, and
Independent Auditors' Reports

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Deloitte.

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INDEPENDENT AUDITORS' REPORT

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

We have audited the accompanying consolidated financial statements of Henry Ford Health System and affiliates (the "System"), which comprise the consolidated balance sheets as of December 31, 2013 and 2012, and the related consolidated statements of operations and 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 consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' 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 audit 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 System'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 System'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 opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the System as of December 31, 2013 and 2012, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Consolidating Schedules

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating schedules on pages 42–44 are presented for the purpose of additional analysis of the consolidated financial statements rather than to present the financial position, results of operations, and cash flows of the individual companies, and are not a required part of the consolidated financial statements. These schedules are the responsibility of the System's management and were derived from and relate directly to the underlying accounting and other records used to prepare the consolidated financial statements. Such schedules have been subjected to the auditing procedures applied in our audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such schedules directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, such schedules are fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Deloitte & Touche LLP

April 29, 2014

CONSOLIDATED BALANCE SHEETS
AS OF DECEMBER 31, 2013 AND 2012
(In thousands)

ASSETS	2013	2012
CURRENT ASSETS		
Cash and cash equivalents	$ 471,320	$ 475,988
Short-term investments	4,824	16,211
Patient care receivables — net of allowance for doubtful accounts of $265,234 and $287,238 in 2013 and 2012, respectively	216,574	174,534
Health care premium receivables	49,704	43,020
Due from third-party payors	37,928	64,074
Deferred tax asset	692	633
Assets held for sale	6,650	
Other current assets	113,306	119,114
Current portion of assets limited as to use	32,069	24,491
Total current assets	933,067	918,065
LONG-TERM INVESTMENTS	329,972	343,112
ASSETS LIMITED AS TO USE	856,368	858,232
JOINT VENTURE INVESTMENTS	8,706	6,895
INTANGIBLE AND OTHER ASSETS — Net	59,779	64,715
GOODWILL — Net of accumulated amortization of $28,606 and $28,802 in 2013 and 2012, respectively	45,045	45,116
PROPERTY, PLANT, AND EQUIPMENT — Net	1,292,388	1,218,517
TOTAL	$3,525,325	$3,454,652

LIABILITIES AND NET ASSETS	2013	2012
CURRENT LIABILITIES		
Short-term borrowings	$ 39,583	$ 44,167
Accounts payable	156,724	153,948
Medical claims liability	166,019	172,023
Other liabilities and accrued expenses	234,702	277,850
Current portion of long-term obligations	23,009	12,816
Contingent current portion of long-term obligations	19,804	20,338
Current portion of capital lease payable	1,787	1,701
Current portion of malpractice and general liability	25,505	18,535
Total current liabilities	667,133	701,378
MALPRACTICE AND GENERAL LIABILITY	110,882	127,077
DEFERRED COMPENSATION, POSTRETIREMENT, AND OTHER LIABILITIES	292,506	357,388
DEFERRED TAX LIABILITY	11,332	13,363
LONG-TERM OBLIGATIONS	866,896	815,630
LONG-TERM CAPITAL LEASE PAYABLE	3,832	2,341
Total liabilities	1,952,581	2,017,177
NET ASSETS:		
Unrestricted		
Henry Ford Health System	1,352,757	1,215,498
Noncontrolling interests	7,965	7,884
Total unrestricted	1,360,722	1,223,382
Temporarily restricted	117,167	122,774
Permanently restricted	94,855	91,319
Total net assets	1,572,744	1,437,475
TOTAL	$3,525,325	$3,454,652

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS
FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012
(In thousands)

	2013	2012
UNRESTRICTED REVENUE:		
Patient service revenue	$2,262,235	$2,246,816
Less provision for bad debts	(166,301)	(162,623)
Net patient service revenue	2,095,934	2,084,193
Health care premiums	2,174,732	2,153,704
Investment income	58,335	66,792
Other income	188,034	180,232
Total unrestricted revenue	4,517,035	4,484,921
EXPENSES:		
Salaries, wages, and employee benefits	1,717,526	1,666,112
Health care provider expense	1,349,567	1,318,019
Supplies	554,269	537,575
Depreciation and amortization	170,191	168,786
General and other administrative	265,788	284,297
Other contracted services	276,454	289,600
Malpractice	21,846	22,819
Plant operations	50,932	47,968
Interest expense	34,613	35,950
Repairs and maintenance	47,810	46,776
Rent	40,025	38,658
Total expenses	4,529,021	4,456,560
(DEFICIENCY) EXCESS OF REVENUE OVER EXPENSES BEFORE UNUSUAL ITEMS	(11,986)	28,361
UNUSUAL ITEMS:		
Gain on sale of joint venture (Note 1)	26,007	
Interest income on FICA refund (Note 1)		8,273
Total unusual items	26,007	8,273
EXCESS OF REVENUE OVER EXPENSES FROM CONSOLIDATED OPERATIONS	14,021	36,634
LESS: EXCESS OF REVENUE OVER EXPENSES ATTRIBUTABLE TO NONCONTROLLING INTERESTS	13,541	2,209
EXCESS OF REVENUE OVER EXPENSES ATTRIBUTABLE TO HENRY FORD HEALTH SYSTEM	480	34,425

(Continued)

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS
FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012
(In thousands)

	2013	2012
UNRESTRICTED NET ASSETS:		
Excess of revenue over expenses from consolidated operations	$ 14,021	$ 36,634
Change in net unrealized gains and losses on investments	9,551	20,289
Net assets released from restrictions for capital	12,603	13,637
Distributions to noncontrolling interests	(13,459)	(2,536)
Pension and other postretirement net adjustments	114,624	3,841
Increase in unrestricted net assets	137,340	71,865
TEMPORARILY RESTRICTED NET ASSETS:		
Income on restricted investments	1,922	1,597
Contributions and grants	30,101	38,357
Change in net unrealized gains and losses on investments	3,692	3,070
Net assets released from restrictions for operations	(33,043)	(33,609)
Net assets released from restrictions for capital	(12,603)	(13,637)
Annual spending appropriation	4,324	4,086
Decrease in temporarily restricted net assets	(5,607)	(136)
PERMANENTLY RESTRICTED NET ASSETS:		
Income on restricted investments	5,002	7,453
Contributions and other	2,858	2,283
Annual spending appropriation	(4,324)	(4,086)
Increase in permanently restricted net assets	3,536	5,650
TOTAL INCREASE IN NET ASSETS	135,269	77,379
TOTAL NET ASSETS — Beginning of year	1,437,475	1,360,096
TOTAL NET ASSETS — End of year	$1,572,744	$1,437,475

See notes to consolidated financial statements. (Concluded)

CONSOLIDATED STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012
(In thousands)

	2013	2012
CASH FLOWS FROM OPERATING ACTIVITIES:		
Increase in net assets	$ 135,269	$ 77,379
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Provision for bad debts	166,301	162,623
Depreciation and amortization	170,191	168,786
Pension and other postretirement net adjustments	(114,624)	(3,841)
Gain on sale of joint venture	(26,007)	
Gain on sale of disposal of assets	(779)	(516)
Income on restricted investments	(6,924)	(9,050)
Restricted contributions and grants	(32,959)	(40,640)
Net realized and unrealized gains on investments — other than trading securities	(29,513)	(40,430)
Distributions to noncontrolling interests	13,459	2,536
Change in assets and liabilities:		
Patient and health care premium receivables	(215,025)	(134,106)
Deferred tax asset	(59)	454
Other current assets	4,742	(1,451)
Trading securities	(9,195)	(18,739)
Joint venture investments	(1,811)	(1,212)
Other assets	784	237
Accounts payable	(1,244)	25,874
Other liabilities	3,140	58,249
Deferred tax liability	(2,031)	(3,462)
Due to (from) third-party payors	26,146	(32,199)
Medical claims liability	(6,004)	9,734
Malpractice and general liability	(9,225)	(6,900)
Net cash provided by operating activities	64,632	213,326

(Continued)

CONSOLIDATED STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012
(In thousands)

	2013	2012
CASH FLOWS FROM INVESTING ACTIVITIES:		
Additions to property	$ (238,535)	$ (216,561)
Proceeds from the sale or maturity of investments	585,029	769,913
Purchase of investments	(524,054)	(653,492)
Proceeds from the sale of joint venture	27,351	
Cash paid for purchase of affiliates — net of cash acquired		(893)
Net cash used in investing activities	(150,209)	(101,033)
CASH FLOWS FROM FINANCING ACTIVITIES.		
Proceeds from long-term obligations	75,000	
Payments on short-term borrowings	(4,584)	(5,833)
Payments of long-term obligations	(14,075)	(13,177)
Payments of capital lease payable	(1,856)	(1,929)
Acquisition costs paid		(6,598)
Distributions to noncontrolling interests	(13,459)	(2,536)
Income on restricted investments	6,924	9,050
Restricted contributions and grants	32,959	40,640
Net cash provided by financing activities	80,909	19,617
(DECREASE) INCREASE IN CASH AND CASH EQUIVALENTS	(4,668)	131,910
CASH AND CASH EQUIVALENTS — January 1	475,988	344,078
CASH AND CASH EQUIVALENTS — December 31	$ 471,320	$ 475,988
SUPPLEMENTAL DISCLOSURES OF CASH FLOW INFORMATION.		
Cash paid during the year for interest, including amounts capitalized of $2,279 and $1,591 in 2013 and 2012, respectively	$ 37,505	$ 38,290
Noncash adjustment to goodwill	$ -	$ 16,825
Amounts accrued in property, plant, and equipment — net	$ 13,065	$ 9,045
Unsettled investment trades	$ 8,623	$ 7,424
Unsettled investment purchases	$ (12,702)	$ (9,233)
Cash paid for taxes	$ 11,154	$ 11,851

See notes to consolidated financial statements. (Concluded)

1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

The Corporation is a Michigan not-for-profit corporation, which operates Henry Ford Hospital and is the parent and sole member or shareholder of Downriver Cancer Center d.b.a. Downriver Center for Oncology (DCO); Wyandotte Hospital and Medical Center d.b.a. Henry Ford Wyandotte Hospital ("Wyandotte"); Henry Ford Macomb Hospital Corporation ("Macomb"); Health Alliance Plan of Michigan (HAP); Henry Ford Continuing Care Corporation ("Continuing Care"); P-Cor, L.L.C. d.b.a. OptimEyes; Henry Ford Physician Network (HFPN); Henry Ford Innovation Institute (HFII); Henry Ford Health System Government Affairs Services; Onika Insurance Company Ltd. ("Onika"); Sha Realty; Neighborhood Development, L.L.C.; Horizon Properties, Inc.; and the Henry Ford Health System Foundation (the "Foundation"). HAP has the following wholly owned subsidiaries: HAP Preferred Inc. (HPI); Alliance Health and Life Insurance Company ("Alliance"); and Midwest Health Plan, Inc. (MHP); and has a majority ownership interest in Administration System Research Corporation (ASR). Joint ventures include Northwest Detroit Dialysis Centers (56.25% ownership) and Macomb Regional Dialysis Centers, L.L.C. (60% ownership), which are consolidated.

During 2011, the System completed a review of the Macomb Warren Campus resulting in the announcement on January 17, 2012, of the closure, effective March 31, 2012. As of December 31, 2013, assets held for sale related to the Macomb Warren Campus are $1,138,000. The assets consist of property, plant, and equipment. Management has concluded that the Macomb Warren Campus no longer meets the criteria of discontinued operations, accordingly 2013 activity has been reflected in the (deficiency) excess of revenue over expenses and 2012 activity has been similarly reclassified. Revenues and deficiency of revenues over expenses for the Macomb Warren Campus were $4,684,000 and ($7,758,000) for December 31, 2013, respectively, and $25,326,000 and ($18,714,000) for December 31, 2012, respectively, which includes an unusual item of $848,000 related to the interest income on the Federal Insurance Contributions Act (FICA) refund.

On May 1, 2012, HFII was established as a Michigan not-for-profit membership corporation, which enhances patient care and research, training, and commercialization opportunities within the System through innovation and creative ideation. The Corporation is the parent and sole member.

During 2012, the operations of Physicians Care Health Management L.L.C. transferred into ASR. The remaining net assets were transferred to HAP.

On August 1, 2013, the operating assets of Dialysis Partners of Northwest Ohio, a 57% ownership consolidated joint venture, were sold. These assets consisted primarily of inventory and property, plant,

and equipment. The sale resulted in a gain of $26,007,000, of which $14,824,000 is attributable to the System and $11,183,000 is attributable to noncontrolling interest.

On October 31, 2013, Henry Ford Health System Government Affairs Services was established as a Michigan not-for-profit membership corporation, which supports education and advocacy initiatives with regard to quality, cost-effective health care services for the communities it serves. The Corporation is the parent and sole member.

During 2013, the System evaluated the potential sale of Continuing Care, which owns and operates two long-term care facilities. As a result, the System has entered into a letter of intent and a due diligence period with a third party. As of December 31, 2013, assets held for sale related to Continuing Care are $2,755,000. These assets consist of inventory of $24,000 and property, plant, and equipment of $2,731,000.

On January 1, 2014, the operating assets of Henry Ford Health Products, a medical equipment division of the Corporation, were contributed to a newly established joint venture. As of December 31, 2013, assets held for sale related to Henry Ford Health Products are $2,757,000. These assets consist of inventory of $1,114,000 and property, plant, and equipment of $1,643,000. The Corporation will have a 35.49% ownership in the joint venture.

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

The Corporation, DCO, Wyandotte, Macomb, HAP (excluding its subsidiaries Alliance, MHP, and ASR), and Continuing Care are members of the Henry Ford Health System Obligated Group (the "Obligated Group"). The consolidating balance sheet information and consolidating statement of operations and changes in net assets — unrestricted information as of and for the year ended December 31, 2013, are presented for the purposes of additional information of the Obligated Group. The Obligated Group information excludes the effects of wholly owned consolidating subsidiaries controlled by members of the Obligated Group and the effect of recording the beneficial interest in the net assets held by affiliated entities on behalf of members of the Obligated Group.

Patient Services — Net patient service revenue is reported at the estimated net realizable amounts. For uninsured patients who meet the qualifications stipulated in the System's patient financial assistance policy, emergency and other medically necessary inpatient services are provided at no cost. Net patient service revenue associated with services provided to patients who have third-party payor coverage is reported on the basis of contractual rates for the services rendered. For uninsured patients that do not qualify for financial assistance, the System offers a discount of up to 40% of its standard rates for services provided. On the basis of historical experience, a significant portion of the System's uninsured patients will be unable or unwilling to pay for the services provided. Therefore, the System records a significant provision for bad debts related to uninsured patients in the period the services are provided. The System's financial assistance policies remained consistent during 2012 and 2013.

In evaluating the collectibility of accounts receivable, the System 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 System analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts. 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 a portion of the bill), the System records a significant provision for bad debts in the period of service on the basis of its past experience. At such point in time that a billed service is believed to be uncollectible, the related receivable is written off against the allowance for doubtful accounts.

The System's self-pay collection rate, which is the blended collection rate for uninsured and balance after insurance accounts receivable, was approximately 18% and 16% as of December 31, 2013 and 2012, respectively. These self-pay collection rates include payments made by patients, including co-payments and deductibles paid by patients with insurance. The System's allowance for doubtful accounts for self-pay patients is approximately 82% and 84% of self-pay accounts receivable at December 31, 2013 and 2012, respectively. The System's self-pay write-offs decreased from $145,376,000 for 2012 to $142,365,000 for 2013. This decrease in self-pay write-offs was due to the improvement in the self-pay collection rate during 2013.

Estimates of retroactive adjustments under reimbursement agreements with third-party payors are accrued in the period the related services are rendered and adjusted in future periods as final settlements are received.

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

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

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

The American Recovery and Reinvestment Act of 2009 (ARRA) established incentive payments under the Medicare and Medicaid programs for certain professionals and hospitals that "meaningfully use" certified electronic health record technology. These provisions of ARRA, together with certain of its other provisions, are referred to as the Health Information Technology for Economic and Clinical Health Act (HITECH). The System recognized $11,803,000 and $8,748,000, as of December 31, 2013 and 2012, respectively, of incentive reimbursement for HITECH incentives from Medicare and Medicaid as other income in the consolidated statements of operations and changes in net assets. HITECH incentives from Medicare are calculated using Medicare cost report data that is subject to audit. Additionally, the System's compliance with meaningful use criteria is subject to audit by the federal government.

Performance Indicator — The consolidated statements of operations and changes in net assets include the excess of revenue over expenses from consolidated operations. Changes in unrestricted net assets, which are excluded from the excess of revenue over expenses from consolidated operations, consistent with industry practice, include change in net unrealized gains and losses on investments, net assets released from restrictions for capital, distributions to noncontrolling interests, and pension and other

postretirement net adjustments. Certain income and expenses that are included in the performance indicator are separately presented as unusual items.

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

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

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

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

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

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

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

Fair Value of Financial Instruments — Fair value of financial instruments has been determined using available information and appropriate valuation methodologies. The fair value of assets is based on quoted market prices, dealer quotes, and prices obtained from independent sources. The fair value of

liabilities is based on a discounted cash flows analysis, using interest rates currently available for the issuance of debt with similar terms and remaining maturities. Considerable judgment is required in certain circumstances to develop the estimates of fair value, and they may not be indicative of the amounts, which could be realized in a current market exchange.

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

Intangible and Other Assets — Intangible and other assets for the years ended December 31, 2013 and 2012, consisted of the following (in thousands):

December 31, 2013	Carrying Amount	Accumulated Amortization	Net Book Value	Useful Life
Definite-lived intangible assets:				
Customer relationships	$45,890	$ 6,215	$39,675	13–17
Trademarks	2,050	214	1,836	2–25
Noncompete agreement	2,720	1,179	1,541	5
Provider relations	5,394	1,310	4,084	10
Bond issuance costs	11,267	3,899	7,368	30–40
Other	10,068	4,793	5,275	
Total	$77,389	$ 17,610	$59,779	

December 31, 2012	Carrying Amount	Accumulated Amortization	Net Book Value	Useful Life
Definite-lived intangible assets:				
Customer relationships	$45,890	$ 3,415	$42,475	13–17
Trademarks	2,050	124	1,926	2–25
Noncompete agreement	2,720	635	2,085	5
Provider relations	5,394	770	4,624	10
Bond issuance costs	11,267	3,495	7,772	30–40
Other	10,981	5,148	5,833	
Total	$78,302	$ 13,587	$64,715	

Amortization expense on intangible assets was $6,159,000 and $5,851,000 for the years ended December 31, 2013 and 2012, respectively.

Estimated amortization expense on intangible assets for the next five years and thereafter is as follows: $5,965,000 in 2014, $5,089,000 in 2015, $4,435,000 in 2016, $3,931,000 in 2017, $3,792,000 in 2018, and $33,932,000 thereafter.

Goodwill — The System reviews goodwill annually for impairment in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 350, *Intangibles — Goodwill and Other*. Impairments, if any, are charged to earnings. This evaluation is based on the projected, discounted cash flows generated by the related assets. Goodwill was tested for impairment on September 30, 2013 and 2012, with no impairment considered necessary.

Information on changes in the carrying amounts of goodwill as of December 31, 2013 and 2012 (in thousands), is as follows:

	2013	2012
Balance — January 1	$45,116	$26,031
Goodwill acquired during the year:		
MHP		18,392
Physician practices		693
Disposal of goodwill due to the sale of Dialysis Partners of Northwest Ohio	(71)	
Balance — December 31	$45,045	$45,116

In 2012, the increase in goodwill was caused by the recording of a deferred tax liability related to intangible assets and purchase price adjustments related to the MHP acquisition. Additional information regarding the deferred tax liability has been presented in Note 12.

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

During 2011, the System began implementation of an integrated clinical and revenue software application. This resulted in a reduction in the remaining useful life of the current electronic medical record system and additional depreciation expense of $14,535,000 and $19,134,000 in 2013 and 2012, respectively.

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

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

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

Management estimates the amount of the IBNR in accordance with GAAP and using standard actuarial developmental methodologies based upon historical data, including the period between the date services are rendered and the date claims are received and paid, as well as denied claim activity, expected medical cost inflation, seasonality patterns, and changes in membership. Management's IBNR best estimate also includes a provision for adverse deviation, which is an estimate for known environmental factors that are reasonably likely to affect the required level of IBNR reserves. This provision for adverse deviation is intended to capture the potential adverse development from known environmental factors, such as changes in current payment patterns versus historical payment patterns; potential unknown high-cost cases, providers incurring increased operating income pressure and looking to

increase their net revenue within commercial populations; increased usage of higher cost services resulting from advances in technology and pharmacologic treatments; accelerated utilization of services due to increased prevalence of high deductible, consumer-based health plans and the general concern by covered members relating to the potential loss of health care coverage in the near future; and/or exceptional situations that require judgmental adjustments in setting the reserves for claims. There were no material changes in the amount of these reserves, or as a percent of reserve for claims and other settlements, between December 31, 2012, and December 31, 2013.

The IBNR estimation methodology has been consistently applied from period to period. Management's IBNR best estimate is made on an accrual basis and adjusted in future periods as required. Any adjustments to the prior-period estimates are included in the current period. As additional information becomes known to management, it adjusts its assumptions accordingly to change its estimate of IBNR. Therefore, if moderately adverse conditions do not occur, evidenced by more complete claims information in the following period, then management's prior-period estimates will be revised downward, resulting in favorable development. However, any favorable prior-period reserve development would increase current-period net income only to the extent that the current-period provision for adverse deviation is less than the benefit recognized from the prior-period favorable development. If moderately adverse conditions occur and are more acute than management estimated, then its prior-period estimates will be revised upward, resulting in unfavorable development, which would decrease current-period excess of revenue over expenses.

The majority of the IBNR reserve balance held at the end of each year is associated with the most recent months' incurred services because these are the services for which the fewest claims have been paid. The degree of uncertainty in the estimates of incurred claims is greater for the most recent months' incurred services. Revised estimates for prior periods are determined each year based on the most recent updates of paid claims for prior periods. Estimates for service costs incurred but not yet reported are subject to the impact of changes in the regulatory environment, economic conditions, changes in claims trends, and numerous other factors. Given the inherent variability of such estimates, the actual liability could differ significantly from the amounts estimated.

Other Liabilities and Accrued Expenses — On March 2, 2010, the Internal Revenue Service issued an administrative determination to accept the position that medical residents are exempt from FICA taxes, based on the student exception, for tax periods ending before April 1, 2005. As a result, during 2010, the System recorded an unusual item of $18,258,000 representing the System's share of FICA taxes paid for medical residents from January 1, 1996, through March 31, 2005. The System recorded an unusual item of $8,273,000 in 2012 related to interest income on the settlement, which was paid to the System during 2012. The System also received $27,920,000, which represents the employee portion of the settlement This amount was entirely distributed to the former residents during the first quarter of 2013.

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

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

asset retirement obligation and the liability recorded is recognized as a gain or loss in the consolidated statements of operations and changes in net assets.

A reconciliation of the asset retirement obligations, included in deferred compensation, postretirement, and other liabilities, as of December 31, 2013 and 2012, is as follows (in thousands):

	2013	2012
Asset retirement obligation — beginning of year	$7,158	$7,394
Liabilities settled	(467)	(236)
Asset retirement obligation — end of year	$6,691	$7,158

Tax Status — The System, except for HAP, HPI, HFPN, Henry Ford Health System Government Affairs Services, Alliance, MHP, ASR, and Onika, consists of entities described under Internal Revenue Service Code Section 501(c)(3) and, as such, are exempt from federal income taxes under Internal Revenue Code Section 501(a) and do not have private foundation status under Internal Revenue Code Section 509(a)(1) or 509(a)(3). HAP and Henry Ford Health System Government Affairs Services are entities described under Internal Revenue Code Section 501(c)(4) and, as such, are exempt from federal income taxes. HPI, HFPN, Alliance, MHP, and ASR are taxable entities. Approximately $7,221,000 and $5,675,000 in related tax expense was recorded in general and other administrative expense in 2013 and 2012, respectively. The System's wholly owned insurance captive, Onika, operates in the Cayman Islands and is currently not subject to income taxes. The System does not have any material uncertain tax positions as of December 31, 2013 and 2012.

Adoption of New Accounting Standards — In December 2013, the FASB issued Accounting Standards Update (ASU) No. 2013-12, *Definition of a Public Business Entity*. ASU No. 2013-12 provides a single definition of public business entity for use in future financial accounting and reporting guidance. The amendment does not affect existing financial accounting or reporting requirements. ASU No. 2013-12 is effective immediately. The adoption of ASU No. 2013-12 has no impact on the System's consolidated financial statements at the present time. However, as additional financial accounting and reporting pronouncements are released using the new definition of a public business entity, they may have an impact on the System's consolidated financial statements in the future.

Forthcoming Accounting Standards — In July 2011, the FASB issued ASU No. 2011-06, *Other Expenses (Topic 720)*, which provides guidance on fees paid to the federal government by health insurers. The ASU addresses questions about how health insurers should recognize and classify in their income statements fees mandated by the Patient Protection and Affordable Care Act as amended by the Health Care and Education Reconciliation Act (the "Acts"). The Acts impose an annual fee on health insurers for each calendar year beginning on or after January 1, 2014. ASU No. 2011-06 is effective beginning January 1, 2014. The System has estimated that the amount of these fees to be paid during 2014 is approximately $21,000,000.

In April 2013, the FASB issued ASU No. 2013-06, *Services Received from Personnel of an Affiliate*, which provides guidance for not-for-profit entities that receive services from personnel of an affiliate. This ASU requires a recipient not-for-profit entity to recognize all services received from personnel of an affiliate that directly benefit the recipient not-for-profit entity. ASU No. 2013-06 is effective prospectively for fiscal years beginning after June 15, 2014. The adoption of ASU No. 2013-06 is not expected to have a material impact on the System's consolidated financial position or results of operations.

2. NET PATIENT SERVICE REVENUE

A substantial portion of net patient service revenue was paid primarily by Medicare, Medicaid, and Blue Cross based upon contracted rates or under cost reimbursement agreements in 2013 and 2012. Provisions for estimated retroactive adjustments under these agreements for current and prior years have been reflected in the accounts based upon the most current information available. Net patient service revenue of $16,155,000 and $47,879,000 related to prior-year settlements was recorded in 2013 and 2012, respectively. Net patient service revenue (before the provision for bad debts), recognized from these major sources, as of December 31, 2013 and 2012, is as follows (dollars in thousands):

Payor	2013		2012	
Medicare	$ 967,381	43 %	$ 989,570	44 %
Medicaid	330,981	15	375,527	17
Blue Cross	518,579	23	542,096	24
Self-pay and other	445,294	19	339,623	15
Total	$2,262,235	100 %	$2,246,816	100 %

Letters of final settlements have not been received from Medicare for 2006 through 2013, from Blue Cross for 2012 and 2013, or from Medicaid for 2010 through 2013. The System is appealing various elements of Medicare final settlements dating back to 1999.

3. UNCOMPENSATED CARE AND COMMUNITY BENEFIT

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

Additionally, the System demonstrates its exempt purpose to benefit the community by operating emergency rooms open to the public 24 hours a day, seven days a week; providing facilities for the education and training of health care professionals; and maintaining research facilities for the study of new drugs and medical devices that offer the promise of improving health care.

The quantifiable costs of the System's community benefit for the years ended December 31, 2013 and 2012, were as follows (in thousands):

	2013	2012
Charity care at cost	$ 62,084	$ 61,316
Unpaid cost of Medicare, Medicaid, and other public programs	168,333	89,920
Bad debt at estimated cost	84,260	82,388
Total cost of uncompensated care	314,677	233,624
Research	73,995	70,870
Health professional education	64,893	70,075
Community health services and building activities	17,495	16,972
Subsidized health services	6,090	7,337
Community benefit operations and financial donations	4,219	4,407
Total community benefit	$481,369	$403,285

The above does not include the 2012 unpaid cost of Medicare of $62,519,000, which would increase the 2012 total cost of uncompensated care to $296,143,000 and the 2012 total community benefit to $465,804,000.

4. INVESTMENTS AND FAIR VALUE MEASUREMENTS

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

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

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

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

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

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

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

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

Information about the fair value of the System's financial assets, according to the valuation techniques the System used to determine its fair values, as of December 31, 2013 and 2012, is as follows (in thousands):

2013	Level 1	Level 2	Level 3	Total
Investment class:				
Cash equivalents	$584,277	$ -	$ -	$ 584,277
Debt securities:				
Short-term investments		4,824		4,824
Asset-backed securities		23,348		23,348
Corporate debt securities		72,440	233	72,673
Government and agency debt securities		149,025		149,025
Nonagency mortgage-backed securities		11,622		11,622
Other debt securities		13,208	115	13,323
Equity securities:				
Collective funds — asset allocation	170,495	18,589		189,084
Collective funds — common stock	67,101	90,407		157,508
Collective funds — debt securities	94,039	209,744		303,783
Common stock	36,326			36,326
Derivative — asset	14,947	172		15,119
Total — investments at fair value	$967,185	$593,379	$ 348	$1,560,912
Pledges receivable	$ -	$ 12,602	$ -	$ 12,602
Derivative — liability	$ (14,736)	$ (29)	$ -	$ (14,765)
Financial instruments disclosed but not measured at fair value:				
Private equity and hedge funds	$ -	$ -	$ 24,523	$ 24,523
Long-term obligations	$ -	$907,709	$ -	$ 907,709

2012	Level 1	Level 2	Level 3	Total
Investment class.				
Cash equivalents	$610,493	$ 240	$ -	$ 610,733
Debt securities:				
Short-term investments		16,211		16,211
Asset-backed securities		23,370		23,370
Corporate debt securities		84,125	229	84,354
Government and agency debt securities		139,575		139,575
Nonagency mortgage-backed securities		8,828		8,828
Other debt securities		11,898	29	11,927
Equity securities:				
Collective funds — asset allocation	103,498	19,181		122,679
Collective funds — common stock	99,722	81,623		181,345
Collective funds — debt securities	121,304	241,535		362,839
Common stock	29,968			29,968
Derivative — asset	9,162	236		9,398
Total — investments at fair value	$974,147	$626,822	$ 258	$1,601,227
Pledges receivable	$ -	$ 11,771	$ -	$ 11,771
Derivative — liability	$ (9,133)	$ (277)	$ -	$ (9,410)
Financial instruments disclosed but not measured at fair value:				
Private equity and hedge funds	$ -	$ -	$23,168	$ 23,168
Long-term obligations	$ -	$916,851	$ -	$ 916,851

The fair value reconciliation of the Level 3 assets for the years ended December 31, 2013 and 2012, is as follows (in thousands):

	Corporate Debt Securities	Other Debt Securities	Total
Opening balance — December 31, 2011	$ 263	$ -	$ 263
Total gains or losses for the period included in changes in net assets	41	29	70
Settlements	(75)		(75)
Ending balance — December 31, 2012	229	29	258
Total gains or losses for the period included in changes in net assets	79	86	165
Settlements	(75)		(75)
Ending balance — December 31, 2013	$ 233	$ 115	$ 348

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

Cash Equivalents — The carrying value of cash equivalents approximates fair value as maturities are less than three months. Cash equivalent instruments that trade on a regular basis in active markets are classified as Level 1. Those that do not meet this criteria are classified as Level 2.

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

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

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

Derivative Financial Instruments — The estimated fair values of derivative financial instruments are based on quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices. Derivative financial instruments are recorded in long-term investments and other liabilities and accrued expenses on the consolidated balance sheets.

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

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

The fair values of cash, cash equivalents, and investments as of December 31, 2013 and 2012, were as follows (in thousands):

	2013	2012
Investment class:		
Cash equivalents	$ 584,277	$ 610,733
Debt securities:		
Short-term investments	4,824	16,211
Asset-backed securities	23,348	23,370
Corporate debt securities	72,673	84,354
Government and agency debt securities	149,025	139,575
Nonagency mortgage-backed securities	11,622	8,828
Other debt securities	13,323	11,927
Equity securities:		
Collective funds — asset allocation	189,084	122,679
Collective funds — common stock	157,508	181,345
Collective funds — debt securities	303,783	362,839
Common stock	36,326	29,968
Derivative — asset	15,119	9,398
Subtotal — investments at fair value	1,560,912	1,601,227
Pledges receivable	12,602	11,771
Subtotal — pledges receivable at fair value	12,602	11,771
Cash	8,071	
Equity securities:		
Collective funds — common stock	70,506	67,991
Collective funds — debt securities	10,324	10,865
Hedge funds and private equities at cost	22,876	21,454
Other	9,262	4,726
Subtotal — investments recorded at cost or equity method	121,039	105,036
Total	$ 1,694,553	$ 1,718,034
Asset classifications:		
Cash and cash equivalents	$ 471,320	$ 475,988
Short-term investments	4,824	16,211
Assets limited as to use	888,437	882,723
Long-term investments	329,972	343,112
Total	$ 1,694,553	$ 1,718,034

Included in the above table, classified under assets limited as to use, are trading securities in the amounts of $163,850,000 and $191,581,000 as of December 31, 2013 and 2012, respectively. The remaining investments are considered available for sale.

The following summarizes the effect the derivative financial instruments had on the System's consolidated balance sheets and statements of operations and changes in net assets (in thousands):

Description	Financial Statement Location	2013	2012
Consolidated balance sheet:			
Fixed income derivatives	Long-term investments	$ 14,947	$ 9,162
Swaps (notional amount $4,100)	Long-term investments	172	236
		$ 15,119	$ 9,398
Fixed income derivatives	Other liabilities and accrued expenses	$ (14,736)	$ (9,133)
Other options	Other liabilities and accrued expenses	(22)	
Swaps (notional amount $4,100)	Other liabilities and accrued expenses	(7)	(277)
		$ (14,765)	$ (9,410)
Consolidated statement of operations and changes in net assets:			
Other options	Change in net unrealized gains and losses on investments	$ 2	$ (138)
Swaps (notional amount $4,100)	Change in net unrealized gains and losses on investments	168	427
		$ 170	$ 289
Fixed income derivatives	Investment income	$ 251	$ (52)
Other options	Investment income	52	227
Swaps (notional amount $4,100)	Investment income	(214)	(491)
		$ 89	$ (316)
Swaps (notional amount $4,100)	Expenses	$ (5)	$ -

The effect of the derivative financial instruments reported on the consolidated statement of operations and changes in net assets is included in unrestricted net assets.

The total return on the investment portfolios for the years ended December 31, 2013 and 2012, consisted of the following (in thousands):

	2013	2012
Interest and dividend income	$ 50,174	$ 56,140
Realized gains	15,085	19,702
Change in unrealized gains and losses	13,243	23,359
Total investment return	$ 78,502	$ 99,201

Included in the above total return on investments are $12,121,000 and $14,340,000 of gains and losses on trading securities as of December 31, 2013 and 2012, respectively. Also included in the above total return on investments are $682,000 and $807,000 of impairment losses deemed other than temporary for the years ended December 31, 2013 and 2012, respectively.

Information about investment securities with gross unrealized losses as of December 31, 2013 and 2012, excluding those for which other-than-temporary impairment charges have been recognized, aggregated by investment category and length of time that the individual securities have been in a continuous unrealized loss position, as of December 31, 2013 and 2012, is summarized as follows (in thousands):

	Less than 12 Months		12 Months or More		Total	
	Fair Value	Gross Unrealized Losses	Fair Value	Gross Unrealized Losses	Fair Value	Gross Unrealized Losses
December 31, 2013						
Debt securities						
Asset-backed securities	$ 7,923	$ (29)	$ 1,336	$ (52)	$ 9,259	$ (81)
Corporate debt securities	20,445	(486)	12,623	(901)	33,068	(1,387)
Government and agency debt securities	89,646	(1,514)	11,566	(403)	101,212	(1,917)
Nonagency mortgage-backed securities	6,806	(135)	3,380	(136)	10,186	(271)
Other debt securities	3,644	(66)	100	(5)	3,744	(71)
Equity securities:						
Collective funds — asset allocation	1,670	(47)			1,670	(47)
Collective funds — common stock	26,948	(1,231)			26,948	(1,231)
Collective funds — debt securities	62,484	(3,564)	10,736	(366)	73,220	(3,930)
	$219,566	$(7,072)	$39,741	$(1,863)	$259,307	$(8,935)
December 31, 2012						
Debt securities.						
Asset-backed securities	$ 5,236	$ (34)	$ 994	$ (31)	$ 6,230	$ (65)
Corporate debt securities	15,229	(182)	21,904	(1,130)	37,133	(1,312)
Government and agency debt securities	41,720	(233)	7,190	(292)	48,910	(525)
Nonagency mortgage-backed securities	3,155	(24)	2,189	(87)	5,344	(111)
Other debt securities	2,067	(46)	11,187	(197)	13,254	(243)
Equity securities						
Collective funds — common stock			92	(3)	92	(3)
	$ 67,407	$ (519)	$43,556	$(1,740)	$110,963	$(2,259)

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

The aggregate cost of the System's cost-method investments totaled $22,876,000 and $21,454,000 as of December 31, 2013 and 2012, respectively. Of the total cost-method investments, the System evaluated $12,837,000 and $10,970,000 of investments for impairment as the estimated cost of the investments exceeded the fair value as of December 31, 2013 and 2012, respectively. The System identified an unrealized loss of $1,849,000 and $1,369,000 as of December 31, 2013 and 2012, respectively. The System did not identify any events or changes in circumstances that may have had a significant adverse effect on the fair value of those investments. Based on the System's intent and ability to hold the investments for reasonable periods of time sufficient for forecasted recovery of fair value, the System does not consider the investments to be other-than-temporarily impaired as of December 31, 2013.

The fair value measurements of certain investments calculated based on net asset value held as of December 31, 2013 and 2012, are as follows (there were no unfunded commitments at year end):

December 31, 2013	Fair Value (in thousands)	Redemption Frequency	Redemption Notice Period
Collective funds-asset allocation [1]	$ 18,589	daily	0 days
Collective funds-common stock [2]	90,407	daily, monthly	0–30 days
Collective funds-debt securities [3]	209,744	daily, weekly, semimonthly, monthly	0–30 days
Total	$318,740		

December 31, 2012	Fair Value (in thousands)	Redemption Frequency	Redemption Notice Period
Collective funds-asset allocation [1]	$ 19,181	daily	0 days
Collective funds-common stock [2]	81,623	daily, monthly	0–30 days
Collective funds-debt securities [3]	241,535	daily, weekly, semimonthly, monthly	0–30 days
Total	$342,339		

(1) Collective funds-asset allocation are investment funds that consist of diversified portfolios of debt, equity, and other assets often providing the money manager with discretion as to the allocation across the various assets.

(2) Collective funds-common stock are investment funds that invest substantially all their assets in the equity securities of publicly traded companies in the United States, developed international markets, and emerging international markets.

(3) Collective funds-debt securities are investment funds that invest substantially all their assets in debt securities, including government and corporate bonds, both domestic and foreign.

The book value and estimated fair value of bonds and notes held as of December 31, 2013, by contractual maturity, are listed as follows (in thousands):

Maturity	Book Value	Estimated Fair Value
Due in one year or less	$ 27,793	$ 27,793
Due in one year through five years	142,848	142,848
Due in five years through 10 years	21,891	21,891
Due after 10 years	82,283	82,283
Total	$274,815	$274,815

Actual maturities may differ from contractual maturities because borrowers may have the right to call or prepay obligations with or without call or prepayment penalties.

5. ASSETS LIMITED AS TO USE

Assets limited as to use as of December 31, 2013 and 2012, consisted of the following (in thousands):

	2013	2012
Unrestricted assets limited as to use:		
The Foundation	$332,690	$314,782
Loan funds held by trustee	18,397	
Funds designated for malpractice and general liability	145,047	187,775
Funds designated for deferred compensation	119,941	104,318
Funds held under bond indenture agreements	23,349	23,349
HAP statutory funds	14,355	14,337
Funds board-designated for research and education	22,636	24,069
Total unrestricted assets limited as to use	676,415	668,630
Temporarily restricted assets:		
Grant and pledge funds	103,818	110,038
Grants and pledges receivable	13,349	12,736
Total temporarily restricted assets	117,167	122,774
Permanently restricted assets:		
Grant and pledge funds	94,304	90,812
Grants and pledges receivable	551	507
Total permanently restricted assets	94,855	91,319
Total assets limited as to use	888,437	882,723
Less requirements for current liabilities	32,069	24,491
Noncurrent assets limited as to use	$856,368	$858,232

Temporarily restricted and permanently restricted grants and pledges receivable consist of the following as of December 31, 2013. amounts expected to be collected in 2014, $6,560,000: amounts expected to be collected in 2015 through 2018, $6,531,000; amounts expected to be collected in 2018 and thereafter, $960.000; and unamortized discount ($151,000). All pledges are deemed collectible.

Onika maintains a reserve deposit of $9,540,000 and $12,215,000 as of December 31, 2013 and 2012, respectively, under a reinsurance trust agreement and an agency agreement These amounts are included above in funds designated for malpractice and general liability. The HAP statutory funds are required by regulatory requirements.

6. JOINT VENTURE INVESTMENTS

The System maintains investments in eight unconsolidated affiliates with ownership interests ranging from 16.7% to 55%. Seven are accounted for under the equity method and one is accounted for under the cost method.

The income related to the investments accounted for under the equity method, included in other income, was $2,428.000 and $1,034,000 for 2013 and 2012, respectively.

The summarized financial information for unconsolidated affiliates as of December 31, 2013 and 2012, consisted of the following (in thousands).

	2013	2012
Net revenues	$41,380	$35,518
Net income	1,709	1,870
Total assets	28,204	26,426
Net assets	20,324	18,599

7. PROPERTY, PLANT, AND EQUIPMENT

Property, plant, and equipment as of December 31, 2013 and 2012, consisted of the following (in thousands):

	2013	2012
Land and improvements	$ 75,817	$ 76,117
Building and improvements	1,341,519	1,308,879
Equipment	1,476,966	1,357,800
Construction in progress	71,568	72,308
Total	2,965,870	2,815,104
Less accumulated depreciation	1,673,482	1,596,587
Property, plant, and equipment	$1,292,388	$1,218,517

As of December 31, 2013, the following assets recorded under capital leases are included above: land and improvements of $614.000 with accumulated amortization of $233,000: building and improvements of $7,254,000 with accumulated amortization of $3,468.000; and equipment of $8,490,000 with accumulated amortization of $1,274,000.

As of December 31, 2012, the following assets recorded under capital leases are included above: land and improvements of $614,000 with accumulated amortization of $233,000; building and improvements of $4,902.000 with accumulated amortization of $3,200,000; and equipment of $8,580,000 with accumulated amortization of $760,000.

Internal use software is included above in equipment and construction in progress. The net book value was $214,668.000 and $175,716,000 at December 31, 2013 and 2012, respectively.

8. CREDIT AGREEMENTS

The Corporation has a credit agreement through which up to $150,000,000 may be borrowed and committed at several interest rate options. The Corporation had loan advances outstanding of $0 and $245,000 and letters of credit commitments of $8,918,000 and $9,045,000 as of December 31, 2013 and 2012, respectively. Loan advances are recorded in long-term obligations on the consolidated balance sheets. The loan advances expired in 2013. This credit agreement expires on February 1, 2015.

The Corporation has a credit agreement through which up to $75,000,000 may be borrowed and committed at several interest rate options. The Corporation had loan advances outstanding of $39,583,000 and $44,167,000 and no letters of credit commitments as of December 31, 2013 and 2012, respectively. Loan advances are recorded in short-term borrowings on the consolidated balance sheets. This credit agreement expires on February 15, 2015.

During 2012, the Corporation entered into an additional credit agreement through which up to $50,000,000 may be borrowed and committed at several interest rate options. The Corporation had no loan advances and no letters of credit commitments related to this agreement as of December 31, 2013 and 2012, respectively. This credit agreement expires on August 3, 2014.

9. MEDICAL CLAIMS LIABILITY (REPORTED AND UNREPORTED)

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

	2013	2012
Balance — January 1	$ 175,426	$ 157,119
Incurred related to:		
Current year	1,537,203	1,377,686
Prior year	(35,630)	(27,107)
Total incurred	1,501,573	1,350,579
Paid related to:		
Current year	1,363,445	1,215,334
Prior year	129,643	116,938
Total paid	1,493,088	1,332,272
Balance — December 31	$ 183,911	$ 175,426

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

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

10. MALPRACTICE AND GENERAL LIABILITY

The System provides professional and general liability insurance through a combination of self-insurance, claims-made coverage reinsured through wholly owned captive insurance companies, and excess coverage purchased from commercial carriers. The System estimates a range of loss for known claims and unreported incidents and has recorded a liability based on its assessment of the most likely amount of loss in the range. The liability of $136,387,000 and $145,612,000 as of December 31, 2013 and 2012, respectively, has been discounted using a discount factor of 4.00% as of December 31, 2013 and 2012. Irrevocable trust funds have been established to settle claims subject to self-insurance.

11. PENSION AND OTHER POSTRETIREMENT BENEFIT PLANS

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

Effective December 31, 2011, HAP permanently froze the Final Average Pay Defined Benefit formula for all nonrepresented participants in the HAP pension plan. Effective January 1, 2012, HAP instituted a Cash Balance Defined Benefit formula for all nonrepresented participants and also for UAW Local Union 600 Office/Non-Exempt Bargaining hired on or after January 1, 2012, and for UAW Local Union Sale and Labor participants hired on or after April 1, 2012.

Effective December 31, 2010, the System permanently froze the Henry Ford Health System pension plan Effective January 1, 2011, the System instituted a supplemental retirement savings account for each participant in the frozen Henry Ford Health System pension plan. The System's contribution to this plan will be based on each participant's age and years of service.

The System invests the majority of the assets of the plans in a diversified portfolio consisting of an array of asset classes that attempts to maximize returns while minimizing volatility. The targeted allocation percentages are 2% cash and cash equivalents, 37% stock and stock funds, 33% bond and bond funds, 20% global asset allocation, and 8% alternative assets. The percentage of the fair value of total plan assets held as of the measurement dates, December 31, 2013 and 2012, is shown below.

	2013	2012
Cash and cash equivalents	1 %	1 %
Global asset allocation	25	24
Stock and stock funds	45	43
Bonds and bond funds	26	29
Alternative assets	3	3
Total	100 %	100 %

The following table presents information about the fair value of the total plan assets as of December 31, 2013 and 2012, according to the valuation techniques the System used to determine its fair values as described in Note 4 (in thousands):

December 31, 2013	Level 1	Level 2	Level 3	Total
Investment class:				
Cash equivalents	$ 4,914	$ -	$ -	$ 4,914
Equity securities:				
Collective funds — asset allocation	112,654	21,418		134,072
Collective funds — common stock	54,756	154,255		209,011
Collective funds — debt securities	60,281	84,800		145,081
Common stock	37,454			37,454
Hedge funds and private equity funds			14,452	14,452
Total	$270,059	$260,473	$14,452	$544,984

December 31, 2012	Level 1	Level 2	Level 3	Total
Investment class:				
Cash equivalents	$ 5,132	$ -	$ -	$ 5,132
Equity securities.				
Collective funds — asset allocation	109,922	22,406		132,328
Collective funds — common stock	40,610	172,333		212,943
Collective funds — debt securities	64,212	90,439		154,651
Common stock	20,570			20,570
Hedge funds and private equity funds			16,652	16,652
Total	$240,446	$285,178	$16,652	$542,276

The fair value reconciliation of the Level 3 assets for the years ended December 31, 2013 and 2012, is as follows (in thousands):

	Hedge Funds	Private Equity Funds	Total
Opening balance — December 31, 2011	$ 751	$ 17,395	$ 18,146
Total gains or losses for the period included in changes in net assets	11	1,170	1,181
Purchases, sales, settlements:			
Purchases		2,549	2,549
Sales	(721)		(721)
Settlements	(33)	(4,470)	(4,503)
Closing balance — December 31, 2012	8	16,644	16,652
Total gains or losses for the period included in changes in net assets	3	1,623	1,626
Purchases and settlements:			
Purchases		1,233	1,233
Settlements	(7)	(5,052)	(5,059)
Closing balance — December 31, 2013	$ 4	$ 14,448	$ 14,452

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

The System is expected to contribute $14,469,000 to the pension plans in 2014.

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

The System is expected to make a $5,346,000 contribution to the postretirement health care plan in 2014.

Information regarding the projected benefit obligation and assets of the pension and postretirement benefit plans for the System as of and for the years ended December 31, 2013 and 2012, are as follows (in thousands):

	Pension Benefits		Postretirement Benefits	
	2013	2012	2013	2012
Change in benefit obligation:				
Benefit obligation — beginning of year	$680,229	$649,853	$ 87,860	$95,060
Service cost	8,552	8,040	1,307	1,267
Interest cost	25,145	26,827	3,234	3,803
Actuarial (gain) loss	(50,731)	38,249	(10,672)	(89)
Benefits paid	(56,075)	(42,740)	(6,231)	(6,668)
Medicare Part D subsidy			717	794
Plan changes				(6,307)
Benefit obligation — end of year	607,120	680,229	76,215	87,860
Change in plan assets				
Fair value of assets — beginning of year	542,276	504,777		
Actual return on assets	55,098	66,357		
Employer contributions	3,685	13,882		
Benefits paid	(56,075)	(42,740)		
Fair value of assets — end of year	544,984	542,276		
Amounts included in the consolidated balance sheets:				
Total accrued pension liability	$ 62,136	$137,953	$ 76,215	$87,860
Current liability	$ 1,454	$ 2,297	$ 5,225	$ 5,396
Long-term liability	$ 60,682	$135,656	$ 70,990	$82,464

The actuarial gain during the year ended 2013 is primarily the result of an increase in the discount rate used to measure the plans' liabilities.

In accordance with FASB ASC Topic 715-20, all previously unrecognized actuarial losses are reflected in the consolidated balance sheets. The pension plan and postretirement benefit plan items not yet recognized as a component of periodic pension and postretirement medical plan expense, but included within unrestricted net assets, as of and for the years ended December 31, 2013 and 2012, are as follows (in thousands):

	Pension Benefits		Postretirement Benefits	
	2013	2012	2013	2012
Unrecognized prior service credit	$ (6,797)	$ (8,124)	$ (6,023)	$ (8,010)
Unrecognized net actuarial loss	58,681	165,363	1,088	12,344
Total	$ 51,884	$157,239	$ (4,935)	$ 4,334

An estimated $1,149,000 in prior service credit and $2,740,000 in net actuarial loss will be included as components of period pension expense in 2014. An estimated $1,793,000 in prior service credit and $0 in net actuarial loss will be included as components of period postretirement medical plan expense in 2014.

The accumulated benefit obligation is $600,315,000 and $672,104,000 as of December 31, 2013 and 2012, respectively.

	Pension Benefits		Postretirement Benefits	
	2013	2012	2013	2012
Net pension benefit cost:				
Service cost	$ 8,552	$ 8,040	$ 1,307	$ 1,267
Interest cost	25,145	26,827	3,234	3,803
Expected return on assets	(38,230)	(39,225)		
Amortization of prior service credit	(1,326)	(1,326)	(1,988)	(2,477)
Amortization of actuarial loss	37,958	11,108	585	598
Other	1,125	659		
Net pension benefit cost	$ 33,224	$ 6,083	$ 3,138	$ 3,191
Weighted-average assumptions are as follows.				
Discount rate — benefit obligation	4.70 %	3.80 %	4.70 %	3.80 %
Discount rate — benefit cost	3.80	4.30	3.80	4.30
Expected return on plan assets	7.50	7 75	N/A	N/A
Rate of compensation increases	N/A	N/A	N/A	N/A

The expected future pension benefits to be paid for each of the next five years and in the aggregate for the succeeding five years thereafter are as follows: $47,584,000 in 2014, $50,273,000 in 2015, $47,292,000 in 2016, $48,482,000 in 2017, $49,000,000 in 2018, and $236,268,000 thereafter.

The expected future other postretirement benefits net of Medicare Part D subsidy to be paid for each of the next five years and in the aggregate for the succeeding five years thereafter are as follows: $5,346,000 in 2014, $5,321,000 in 2015, $5,285,000 in 2016, $5,338,000 in 2017, $5,372,000 in 2018, and $29,306,000 thereafter.

The expected future Medicare Part D subsidy for each of the next five years and in the aggregate for the succeeding five years thereafter is as follows: $753,000 in 2014, $733,000 in 2015, $756,000 in 2016, $819,000 in 2017, $886,000 in 2018, and $1,976,000 thereafter.

The medical inflation assumption is 7.60% in 2014 for Blue Cross Blue Shield of Michigan Medical, grading down to 5.00% in 2033 and after; 9.00% in 2014 for HAP Full Network, grading down to 5.00% in 2033 and after; and 13.50% in 2014 for HAP Preferred Network, grading down to 5.00% in 2033 and after. The prescription drug inflation assumption is 9.00% in 2014, grading down to 5.00% in 2033 and after.

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

	One Percentage Point Increase	One Percentage Point Decrease
Effect on postretirement benefit obligation	6.46 %	(5.38)%
Effect on total of service cost and interest cost components	5 30 %	(4.45)%

The System has a retirement savings plan under which certain employees may make a one-time irrevocable election indicating whether or not they will participate. This plan requires employee and employer contributions of 2% and 2.5%, respectively, of base wages up to the Social Security wage limit. For wages in excess of the Social Security wage limit, contributions are 4% and 5% of base wages for the employee and employer, respectively. The expense related to the plan was approximately $30,691,000 and $30,655.000 in 2013 and 2012, respectively.

Effective January 1, 2011, the System instituted a supplemental retirement savings account for each participant in the frozen Henry Ford Health System pension plan. The expense related to this supplemental plan was approximately $43,512,000 and $44,108,000 in 2013 and 2012, respectively.

12. INCOME TAXES

Significant components of net deferred tax assets and liabilities as of December 31, 2013 and 2012, are summarized as follows (in thousands):

	2013	2012
Deferred tax assets:		
Unearned premium	$ 285	$ 367
Discount of unpaid losses	246	299
Net capital loss carryforward	153	747
Net unrealized capital loss	60	49
Deferred compensation	161	161
Membership list		29
State taxes amended		778
Intangibles		(1,000)
Total deferred tax assets	905	1,430
Valuation allowance	(213)	(797)
Net deferred tax assets	$ 692	$ 633
Deferred tax liabilities:		
Intangibles	$ 14,766	$ 14,766
Fixed assets	259	193
Deferred compensation		(161)
Membership list	(44)	(44)
State taxes amended	(3,249)	(1,126)
Covenant not to compete	(400)	(265)
Net deferred tax liabilities	$ 11,332	$ 13,363

Significant components of income tax expense, included in general and other administrative expense, for the years ended December 31, 2013 and 2012, are as follows (in thousands):

	2013	2012
Current tax expense	$ 9,311	$ 8,493
Deferred tax expense	(2,090)	(2,818)
Total income tax expense	$ 7,221	$ 5,675

In 2012, HAP recorded a deferred tax liability and associated goodwill of $14,766,000 for the separately identified intangible assets as a result of the MHP acquisition.

HAP and its subsidiaries file individual federal income tax returns. The subsidiaries are responsible for their own federal tax liability.

The deferred tax assets are recorded at the regular tax rate of 34% and a valuation allowance has been established for the difference between the value of the asset at the regular tax rate and its more than likely recoverable amounts.

MHP recorded a liability of $9,397,000 and $2,891,000 in other liabilities for the years ended December 31, 2013 and 2012. The liability is based upon the tax filing position HAP has taken for returns filed with the State of Michigan Treasury Department for the years 2008–2013. Thus, until this uncertainty is eliminated, HAP has not recognized the associated expense reduction from the filing position.

13. LONG-TERM OBLIGATIONS

Long-term obligations as of December 31, 2013 and 2012, consisted of the following (in thousands):

	2013	2012
Revenue and refunding bonds Series 2009, fixed rate, maturing serially through 2020, interest rates of 4.0% to 5.5%, term due 2024, interest rate of 5.25%; term due 2029, interest rate of 5.625%; and term due 2039, interest rate of 5.75%	$309,375	$315,100
Revenue bonds Series 2007, maturing serially through 2042, variable interest rate, 0.06% at December 31, 2013	151,595	154,420
Revenue and refunding bonds Series 2006A, fixed rate, maturing serially through 2027, interest rates of 4.8% to 5.0%, term due 2032, interest rate of 5.25%; term due 2038, interest rate of 5.0%; and term due 2046, interest rate of 5.25%	370,255	373,750
Tax exempt loan, interest rate 2.07%, maturing 2020	75,000	
Other obligations, interest rates from 3.16% to 3.23%	2,368	4,210
Unamortized discount on bonds	(7,794)	(7,922)
Unamortized premium on bonds	8,910	9,226
Total	909,709	848,784
Less current portion	23,009	12,816
Less contingent current portion of long-term obligations	19,804	20,338
Noncurrent portion of long-term obligations	$866,896	$815,630

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

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

During 2006, the Obligated Group cash-defeased or refunded all its existing tax-exempt debt with the Series 2006A, B, & C bonds. Escrow accounts were established for the refunded bonds in amounts sufficient to cover interest, principal, and call premiums. During 2013, the escrow matured and the bonds were paid off.

Members of the Obligated Group are jointly and severally liable for outstanding obligations issued under the Master Indenture. The Master Indenture contains covenants that require the Obligated Group to maintain a debt service coverage ratio above a certain level and contains limitations on incurring

additional indebtedness and debt guarantees. The System has no knowledge of any default in the performance of the terms, covenants, provisions, or conditions of the Master Indenture. The Obligated Group can redeem the fixed-rate outstanding bonds from the Series 2009 beginning November 15, 2020, and thereafter at par, and the Series 2006A beginning November 15, 2017, and thereafter at par, and the variable rate Series 2007 bonds on any business day during a weekly interest rate period at par. The rates on the variable rate bonds are set each week to enable the bonds to be remarketed at a price of par, not to exceed 12%. Variable rate bonds can be tendered with a minimum of seven days' notice. The System entered into a remarketing agreement to remarket the variable rate bonds on a weekly basis in addition to entering into an irrevocable, transferable, direct-pay, letter-of-credit agreement in the original amount of $165,735,000, of which $151,595,000 is outstanding on December 31, 2013. The letter of credit expires on November 29, 2014. Management expects that the expiring letter of credit will be replaced. In the event the System is not able to secure letter of credit support, the bonds convert to a five-year final maturity.

The letter of credit supporting the Series 2007 bonds provides interim financing to the Obligated Group in the event that remarketing efforts fail for bonds tendered. The reimbursement agreement specifies that letter of credit draws be repaid over a five-year period in equal quarterly installments beginning either January 1, April 1, July 1, or October 1 following a draw on the letter of credit that remains outstanding as provided for in the agreements. No remarketing of the Series 2007 bonds has failed. As of December 31, 2013, there was $151,595,000 of Series 2007 bonds outstanding, of which $128,856,000 was classified as long term, $2,935,000 was classified as current maturities, and $19,804,000 was classified as contingent current portion of long-term obligations. The contingent current portion of long-term obligations represent three quarterly payments payable in 2014 based on the repayment terms of the reimbursement agreements should amounts need to be drawn on the letter of credit on or after January 1, 2014.

During 2013, the System entered into a $75,000,000 tax exempt loan to finance a portion of the integrated clinical and revenue software application. The lendor has a security interest in this software application. The interest rate is 2.07% and is due in 2020. The proceeds of the loan were deposited into a loan fund held by a trustee, of which $56,603,000 has been drawn as of December 31, 2013.

The following are the future maturities of long-term obligations as of December 31, 2013. While the presentation on the consolidated balance sheets of current maturities of long-term obligations includes certain amounts contingently payable, the amounts below are based on the contractual maturities of the obligations outstanding as of December 31, 2013. Accordingly, if remarketings of bonds fail in future periods, debt repayments may become more accelerated than described below.

The approximate principal requirements on long-term obligations for the next five years and thereafter are as follows: $23,009,000 in 2014, $23,758,000 in 2015, $24,531,000 in 2016, $25,470,000 in 2017, $26,600,000 in 2018, and $785,225,000 thereafter.

14. CAPITAL LEASE OBLIGATIONS

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

Years Ending December 31	
2014	$3,813
2015	2,047
2016	2,095
2017	2,143
2018	2,167
Later years	9,826
Total minimum lease payments	22,091
Less interest (interest rates from 4.32% to 57.66%)	16,472
Obligations under capitalized lease, including $1,787 due within one year	$5,619

15. COMMITMENTS AND CONTINGENCIES

The System has entered into various operating leases under agreements, which expire through 2025 and include varying renewal options. Rental expense under such leases was approximately $40,025,000 and $38,658,000 for the years ended December 31, 2013 and 2012, respectively.

The aggregate remaining lease payments required under operating leases with noncancelable terms in excess of one year as of December 31, 2013, approximates $135,391,000. The approximate requirements under these leases for each of the five years ending after December 31, 2013, are $30,373,000, $26,293,000, $21,723,000, $14,122,000, and $11,882,000, respectively.

The percent of labor subject to collective bargaining agreements is 2.20% and 2.10% as of December 31, 2013 and 2012, respectively. The percent of labor subject to collective bargaining agreements that will expire within one year is 0.60% as of December 31, 2013 and 2012, respectively.

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

16. UNRESTRICTED NET ASSETS

Changes in consolidated unrestricted net assets attributable to the System and the noncontrolling interests for the years ended December 31, 2013 and 2012, are as follows (in thousands):

	Henry Ford Health System	Noncontrolling Interests	Total
Unrestricted net assets — December 31, 2011	$ 1,143,306	$ 8,211	$ 1,151,517
Excess of revenue over expenses from consolidated operations	34,425	2,209	36,634
Change in net unrealized gains and losses on investments	20,289		20,289
Net assets released from restrictions for capital	13,637		13,637
Distributions to noncontrolling interests		(2,536)	(2,536)
Pension and other postretirement net adjustments	3,841		3,841
Increase in unrestricted net assets	72,192	(327)	71,865
Unrestricted net assets — December 31, 2012	1,215,498	7,884	1,223,382
Excess of revenue over expenses from consolidated operations	480	13,541	14,021
Change in net unrealized gains and losses on investments	9,552	(1)	9,551
Net assets released from restrictions for capital	12,603		12,603
Distributions to noncontrolling interests		(13,459)	(13,459)
Pension and other postretirement net adjustments	114,624		114,624
Increase in unrestricted net assets	137,259	81	137,340
Unrestricted net assets — December 31, 2013	$ 1,352,757	$ 7,965	$ 1,360,722

17. ENDOWMENTS

The System's endowments consist of various funds established for specific purposes. The assets are managed in a custodial account. The account uses a targeted asset allocation of 42% stock and stock funds, 25% bond and bond funds, 18% global asset allocation, and 15% alternative assets. The annual spending appropriation from the endowments is determined by the average of the beginning balance for each of the three previous years multiplied by a 5% spending factor. The endowment corpus is maintained in perpetuity for donor-restricted endowments

Endowment net assets as of December 31, 2013 and 2012, are composed of the following (in thousands):

	Unrestricted Net Assets	Permanently Restricted Net Assets	Total
December 31, 2013			
Donor-restricted endowment funds	$ -	$94,855	$ 94,855
Board-designated endowment funds	332,690		332,690
Total endowment funds	$332,690	$94,855	$427,545
December 31, 2012			
Donor-restricted endowment funds	$ -	$91,319	$ 91,319
Board-designated endowment funds	314,782		314,782
Total endowment funds	$314,782	$91,319	$406,101

Changes in endowment net assets for the years ended December 31, 2013 and 2012, are summarized as follows (in thousands):

	Unrestricted Net Assets	Permanently Restricted Net Assets	Total
Endowment net assets — December 31, 2011	$294,764	$85,669	$380,433
Investment return	40,599	7,453	48,052
Contributions and other		2,283	2,283
Annual spending appropriation	(20,581)	(4,086)	(24,667)
Endowment net assets — December 31, 2012	314,782	91,319	406,101
Investment return	35,408	5,002	40,410
Contributions and other		2,858	2,858
Annual spending appropriation	(17,500)	(4,324)	(21,824)
Endowment net assets — December 31, 2013	$332,690	$94,855	$427,545

18. FUNCTIONAL EXPENSES

Total expenses categorized by functional classifications for the years ended December 31, 2013 and 2012, were as follows (in thousands):

	2013	2012
Health care services	$3,970,594	$3,882,093
Management and general	558,427	574,467
Total expenses	$4,529,021	$4,456,560

19. LETTER OF INTENT

On October 30, 2012, the System and Beaumont Health System signed a letter of intent to exclusively negotiate a definitive agreement to combine their entire enterprises, including all assets, liabilities, and operations. In May of 2013, the System allowed the letter of intent to expire and discontinued further discussions.

20. SUBSEQUENT EVENTS

Pursuant to FASB ASC Topic 855-10, *Subsequent Events — Overall*, the System has evaluated subsequent events through April 29, 2014, the date the consolidated financial statements were issued. As a result of this evaluation, the System has no subsequent events to disclose.

* * * * * *

CONSOLIDATING SCHEDULES

CONSOLIDATING BALANCE SHEET INFORMATION
AS OF DECEMBER 31, 2013
(In thousands)

ASSETS	Henry Ford Health System Obligated Group	Henry Ford Health System Nonobligated Group	Eliminations	Henry Ford Health System Consolidated
CURRENT ASSETS:				
Cash and cash equivalents	$ 334,719	$ 136,601	$ -	$ 471,320
Short-term investments	4,819	5		4,824
Patient care receivables — net	222,521	3,402	(9,349)	216,574
Health care premium receivables — net	45,536	4,168		49,704
Due from third-party payors	37,928			37,928
Deferred tax asset		692		692
Assets held for sale	6,650			6,650
Other current assets	109,694	14,147	(10,535)	113,306
Current portion of assets limited as to use	31,819	250		32,069
Total current assets	793,686	159,265	(19,884)	933,067
LONG-TERM INVESTMENTS	316,720	13,252		329,972
ASSETS LIMITED AS TO USE	530,167	411,017	(84,816)	856,368
JOINT VENTURE INVESTMENTS	15,100	(302)	(6,092)	8,706
INTANGIBLE AND OTHER ASSETS — Net	139,002	39,725	(118,948)	59,779
GOODWILL — Net	8,838	36,207		45,045
PROPERTY, PLANT, AND EQUIPMENT — Net	1,263,461	28,927		1,292,388
TOTAL	$3,066,974	$ 688,091	$ (229,740)	$3,525,325

(Continued)

CONSOLIDATING BALANCE SHEET INFORMATION
AS OF DECEMBER 31, 2013
(In thousands)

LIABILITIES AND NET ASSETS	Henry Ford Health System Obligated Group	Henry Ford Health System Nonobligated Group	Eliminations	Henry Ford Health System Consolidated
CURRENT LIABILITIES:				
Short-term borrowings	$ 39,583	$ -	$ -	$ 39,583
Accounts payable	146,545	11,438	(1,259)	156,724
Medical claims liability	113,927	61,441	(9,349)	166,019
Other liabilities and accrued expenses	227,091	35,492	(27,881)	234,702
Current portion of long-term obligations	22,605	404		23,009
Contingent current portion of long-term obligations	19,804			19,804
Current portion of capital lease payable	1,787			1,787
Current portion of malpractice and general liability	25,505			25,505
Total current liabilities	596,847	108,775	(38,489)	667,133
MALPRACTICE AND GENERAL LIABILITY	102,773	74,200	(66,091)	110,882
DEFERRED COMPENSATION, POSTRETIREMENT, AND OTHER LIABILITIES	282,091	10,415		292,506
DEFERRED TAX LIABILITY		11,332		11,332
LONG-TERM OBLIGATIONS	864,932	1,964		866,896
LONG-TERM CAPITAL LEASE PAYABLE	3,832			3,832
Total liabilities	1,850,475	206,686	(104,580)	1,952,581
NET ASSETS:				
Unrestricted:				
Henry Ford Health System	1,001,368	476,549	(125,160)	1,352,757
Noncontrolling interests	4,104	3,861		7,965
Total unrestricted	1,005,472	480,410	(125,160)	1,360,722
Temporarily restricted	116,172	995		117,167
Permanently restricted	94,855			94,855
Total net assets	1,216,499	481,405	(125,160)	1,572,744
TOTAL	$ 3,066,974	$ 688,091	$ (229,740)	$ 3,525,325

(Concluded)

CONSOLIDATING SCHEDULE OF OPERATIONS AND CHANGES IN NET ASSETS — UNRESTRICTED INFORMATION
FOR THE YEAR ENDED DECEMBER 31, 2013
(In thousands)

	Henry Ford Health System Obligated Group	Henry Ford Health System Nonobligated Group	Eliminations	Henry Ford Health System Consolidated
UNRESTRICTED REVENUE:				
Patient service revenue	$2,249,918	$ 71,815	$ (59,498)	$2,262,235
Less provision for bad debts	(166,301)			(166,301)
Net patient service revenue	2,083,617	71,815	(59,498)	2,095,934
Health care premiums	1,682,003	495,361	(2,632)	2,174,732
Investment income	38,415	22,183	(2,263)	58,335
Other income	210,147	29,289	(51,402)	188,034
Total unrestricted revenue	4,014,182	618,648	(115,795)	4,517,035
EXPENSES:				
Salaries, wages, and employee benefits	1,670,281	49,877	(2,632)	1,717,526
Health care provider expense	979,024	432,113	(61,570)	1,349,567
Supplies	544,160	10,145	(36)	554,269
Depreciation and amortization	163,532	6,659		170,191
General and other administrative	195,895	88,371	(18,478)	265,788
Other contracted services	269,222	8,586	(1,354)	276,454
Malpractice	21,763	1,836	(1,753)	21,846
Plant operations	48,570	2,362		50,932
Interest expense	34,479	136	(2)	34,613
Repairs and maintenance	46,901	909		47,810
Rent	37,921	3,375	(1,271)	40,025
Total expenses	4,011,748	604,369	(87,096)	4,529,021
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES BEFORE UNUSUAL ITEMS	2,434	14,279	(28,699)	(11,986)
UNUSUAL ITEM — Gain on sale of joint venture		26,007		26,007
Total unusual items	-	26,007	-	26,007
EXCESS OF REVENUE OVER EXPENSES FROM CONSOLIDATED OPERATIONS	2,434	40,286	(28,699)	14,021
CHANGE IN NET UNREALIZED GAINS AND LOSSES ON INVESTMENTS	(7,527)	16,896	182	9,551
NET ASSETS RELEASED FROM RESTRICTION FOR CAPITAL	12,603			12,603
DISTRIBUTIONS TO NONCONTROLLING INTERESTS		(13,459)		(13,459)
PENSION AND OTHER POSTRETIREMENT — Net adjustments	114,624			114,624
OTHER	(3,407)	(23,197)	26,604	
INCREASE IN UNRESTRICTED — Net assets	$ 118,727	$ 20,526	$ (1,913)	$ 137,340

UNAUDITED
CONSOLIDATING STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS - UNRESTRICTED INFORMATION
FOR THE YEAR ENDED DECEMBER 31, 2013 (In Thousands)
(OBLIGATED GROUP)

	The Corporation	Downriver Center for Oncology	Henry Ford Wyandotte Hospital	Henry Ford Macomb Hospital Corporation	Health Alliance Plan of Michigan	HAP Preferred Inc.	Henry Ford Continuing Care Corporation	Eliminations	Henry Ford Health System Obligated Group
UNRESTRICTED REVENUE:									
Patient service revenue	$2,206,362	$3,903	$286,660	$409,410			$22,881	($679,298)	$2,249,918
Less provision for bad debts	($131,763)		($20,477)	($14,031)			($10)		($166,301)
Net patient service revenue	2,074,599	3,903	266,183	395,379	0	0	22,851	(679,298)	2,083,617
Health care premiums					$1,847,662			(165,659)	1,682,003
Investment income	28,975	253	1,768	1,963	5,328		128		38,415
Other income	164,164	99	5,429	20,200	23,100	$11,825	63	(14,733)	210,147
Total unrestricted revenue	2,267,738	4,255	273,380	417,542	1,876,090	11,825	23,042	(859,690)	4,014,182
EXPENSES:									
Salaries, wages, and employee benefits	1,368,727	1,190	144,964	208,899	92,301	3,223	15,883	(164,906)	1,670,281
Health care provider expense					1,665,522			(686,498)	979,024
Supplies	424,561	41	41,132	75,551			2,875		544,160
Depreciation and amortization	125,030	767	8,778	15,381	13,140		436		163,532
General and other administrative	33,845	99	38,914	42,890	73,850	7,299	2,738	(3,740)	195,895
Other contracted services	208,270	1,787	22,167	38,678			1,057	(2,737)	269,222
Malpractice	12,796		3,822	4,927			218		21,763
Plant operations	37,576	111	4,562	5,901			420		48,570
Interest expense	25,242		2,306	6,850			81		34,479
Repairs and maintenance	32,707	22	4,247	9,569			356		46,901
Rent	27,771	1	2,280	8,163			212	(506)	37,921
	2,296,525	4,018	273,172	416,809	1,844,813	10,522	24,276	(858,387)	4,011,748
(DEFICIENCY) EXCESS OF REVENUE OVER EXPENSES BEFORE UNUSUAL ITEMS	(28,787)	237	208	733	31,277	1,303	(1,234)	(1,303)	2,434
UNUSUAL ITEMS									
Gain on sale of joint venture									0
Total unusual items	0		0	0					0
(DEFICIENCY) EXCESS OF REVENUE OVER EXPENSES	(28,787)	237	208	733	31,277	1,303	(1,234)	(1,303)	2,434
Change in net unrealized gains and losses on investments	(1,734)	(181)	(525)	(553)	(4,488)		(46)		(7,527)
Net assets released from restrictions for capital	9,676		140	2,787					12,603
Purchase of noncontrolling interests									0
Distributions to noncontrolling interests									0
Pension and other postretirement net adjustments	63,562		12,263	23,427	14,909	2,675	463	(2,675)	114,624
Effect of measurement date provision of FASB Statement No 158									0
Cumulative effect of change in accounting principle - asset retirement obligation									0
Other	18,393				(21,800)				(3,407)
INCREASE IN UNRESTRICTED NET ASSETS	$61,110	$56	$12,086	$26,394	$19,898	$3,978	($817)	($3,978)	$118,727

UNAUDITED
CONSOLIDATING STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS - UNRESTRICTED INFORMATION
FOR THE YEAR ENDED DECEMBER 31, 2013 (In Thousands)
(TOTAL SYSTEM)

	Henry Ford Health System Obligated Group	FairLane Health Services Corporation	Alliance Health & Life Insurance Company	Administrative Systems Research	Midwest Health Plan	OptimEyes	Henry Ford Physician Network	Henry Ford Innovation Institute	HFHS Government Affairs	Orilla Insurance Company Ltd.	Other	Joint Ventures	Henry Ford Health System Foundation	Eliminations	Henry Ford Health System Consolidated
UNRESTRICTED REVENUE															
Patient service revenue	$2,249,918					540,080						$31,735		($39,498)	$2,262,235
Less provision for bad debts	($166,301)														(166,301)
Net patient service revenue	2,083,617	0	0	0	0	40,080	0	0	0	0	0	31,735	0	(39,498)	2,095,934
Health care premiums	1,682,003		$200,602		$294,739									(7,632)	2,134,712
Investment income	18,415		249		25	10	1			$2,261	51	2	$19,644	(2,263)	38,335
Other income	210,147		2,055	519,252	51,043	1,832	2,125	1,761	272	5	5951	(88)	81	(51,402)	188,034
Total unrestricted revenue	4,014,182	0	202,856	19,252	295,827	41,922	2,126	1,761	272	2,266	952	31,649	19,725	(135,795)	4,517,015
EXPENSES															
Salaries, wages and employee benefits	1,670,281			7,165	8,125	20,133	2,526	711	82		508	10,427		(2,632)	1,717,526
Health care provider expense	979,024		170,548		261,572									461,570	1,349,567
Supplies	544,360					817	29	65			54	9,188		(36)	554,269
Depreciation and amortization	164,537			115	3,319	1,770	198	43			45	1,179			170,191
General and other administrative	195,895	(12)	31,668	10,440	14,963	11,905	745	807	10	513	67	908	17,954	(18,478)	265,788
Other contracted services	269,222					2,064	1,480	773	180		192	2,039	1,258	(1,354)	276,454
Malpractice	25,763									1,753		83		(1,753)	25,846
Plant operations	48,518					1,145	10	1			335	671			50,932
Interest expense	34,479					2						134		(2)	34,613
Repairs and maintenance	46,903					483		4			83	339			47,810
Rent	17,923					2,220		11			20	1,124		(1,271)	40,025
Total expenses	4,011,748	(12)	202,202	17,740	287,299	40,719	4,988	1,715	272	2,266	1,304	26,634	19,222	(81,096)	4,529,021
(DEFICIENCY) EXCESS OF REVENUE OVER EXPENSES BEFORE UNUSUAL ITEMS	2,434	12	654	1,512	8,528	1,183	(2,862)	46	0	0	(352)	5,015	503	(38,699)	(11,980)
UNUSUAL ITEMS															
Gain on sale of joint venture												26,007			26,007
Total unusual items	0														26,007
(DEFICIENCY) EXCESS OF REVENUE OVER EXPENSES	2,434	12	654	1,512	8,528	1,183	(2,862)	46	0	0	(352)	31,022	503	(38,699)	14,027
Change in net unrealized gains and losses on investments	(1,527)		(185)			(6)							17,887	182	9,551
Net assets released from restrictions for capital	12,603														12,603
Distributions to noncontrolling interests	0														0
Pension and other postretirement net adjustments	114,624											(13,459)			(13,459)
Other	(3,407)	(718)	(1,636)		(7,103)		1,612	(970)	718		2,766	(17,854)		26,604	114,624
															0
INCREASE IN UNRESTRICTED NET ASSETS	$118,727	($706)	($1,137)	$1,512	$1,425	$1,177	($1,250)	($924)	$718	$0	$2,413	($5,291)	$18,390	($51,913)	$131,340

UNAUDITED
CONSOLIDATING BALANCE SHEET INFORMATION
AS OF DECEMBER 31, 2013 (In Thousands)
(OBLIGATED GROUP)

ASSETS	The Corporation	Downriver Center for Oncology	Henry Ford Wyandotte Hospital	Henry Ford Macomb Hospital Corporation	Health Alliance Plan of Michigan	HAP Preferred Inc.	Henry Ford Continuing Care Corporation	Eliminations	Henry Ford Health System Obligated Group
CURRENT ASSETS									
Cash and cash equivalents	$74,855	$13,696	$26,787	$46,635	$160,512	$7,421	$4,813		$334,719
Short-term investments	1,630	155	388	462	2,148		36		4,819
Patient care receivables	182,157	291	29,949	33,402			2,813	($26,091)	222,521
Health care premium receivables					45,219	317			45,536
Due from third-party payors	39,340		(517)	(721)			(174)		37,928
Deferred tax asset									0
Assets held for sale	2,757			1,138			2,755		6,650
Other current assets	123,960	(170)	3,982	7,280	14,196	775	228	(40,557)	109,694
Current portion of assets limited as to use	24,542		3,440	3,606			231		31,819
Total current assets	449,241	13,972	64,029	91,802	222,075	8,513	10,702	(66,648)	793,686
LONG-TERM INVESTMENTS	119,506	9,903	24,819	29,559	130,605		2,328		316,720
ASSETS LIMITED AS TO USE	464,815		23,807	25,681	14,712		1,152		530,167
JOINT VENTURE INVESTMENTS	6,164			8,936					15,100
INTANGIBLE AND OTHER ASSETS	6,781	37	983	3,991	134,401		23	(7,214)	139,002
GOODWILL	246		668	99	7,825				8,838
PROPERTY, PLANT AND EQUIPMENT - Net	918,303	2,524	85,894	158,569	98,171				1,263,461
TOTAL	$1,965,056	$26,436	$200,200	$318,637	$607,789	$8,513	$14,205	($73,862)	$3,066,974

UNAUDITED
CONSOLIDATING BALANCE SHEET INFORMATION
AS OF DECEMBER 31, 2013 (In Thousands)
(OBLIGATED GROUP)

LIABILITIES AND NET ASSETS	The Corporation	Dowarn er Center for Oncology	Henry Ford Wyandotte Hospital	Henry Ford Macomb Hospital Corporation	Health Alliance Plan of Michigan	HAP Preferred Inc.	Henry Ford Continuing Care Corporation	Eliminations	Henry Ford Health System Obligated Group
CURRENT LIABILITIES									
Short Term Borrowings	$39,583								$39,583
Accounts payable	97,082	$31	$7,735	$15,941	$23,997	$333	$684	$742	146,545
Medical claims liability	18,302			11	122,470			(26,856)	113,927
Other liabilities and accrued expenses	157,869		14,201	23,393	30,864	442	1,273	(951)	227,091
Current portion of long-term obligations	18,565		1,015	3,005	5,416		20	(5 416)	22,605
Contingent current portion of long-term obligations				19,804					19,804
Current portion of capital lease payable	1,761				26				1,787
Current portion of malpractice and general liability	18,479		3,370	3,425			231		25,505
Total current liabilities	351,641	31	26,321	65,579	182,773	775	2,208	(32,481)	596,847
MALPRAC TICE AND GENERAL LIABILITY	69,999		15,328	16,851			595		102,773
DEFERRED COMPENSATION, POSTRETIREMENT, AND OTHER LIABILITIES	247,018		(5,734)	13,726	25,502	524	1,055		282,091
DEFERRED TAX LIABILITY									0
LONG-TERM OBLIGATIONS	676,145		54,482	132,354	34,167		1,951	(34,167)	864,932
LONG TERM CAPITAL LEASE PAYABLE					3,832				3,832
Total liabilities	1,344,803	31	90,397	228,510	246,274	1,299	5,809	(66,648)	1,850,475
NET ASSETS									
Unrestricted									
Henry Ford Health System	417,220	26,405	107,452	84,484	357,411	7,214	8,396	(7,214)	1,001,368
Noncontrolling interests					4,104				4,104
Total unrestricted	417,220	26,405	107,452	84,484	361,515	7,214	8,396	(7,214)	1,005,472
Temporarily restricted	110,963		1,929	3,280					116,172
Permanently restricted	92,070		422	2,363					94,855
Total net assets	620,253	26,405	109,803	90,127	361,515	7,214	8,396	(7,214)	1,216,499
TOTAL	$1,965,056	$26,436	$200,200	$318,637	$607,789	$8,513	$14,205	($73,862)	$3,066,974

UNAUDITED
CONSOLIDATING BALANCE SHEET INFORMATION
AS OF DECEMBER 31, 2013 (In Thousands)
(TOTAL SYSTEM)

ASSETS	Henry Ford Health System Obligated Group	Parlance Health Services Corporation	Alliance Health & Life Insurance Company	Administrative Systems Research	Midwest Health Plan	OptimEyes	Henry Ford Physician Network	Henry Ford Innovation Institute	HFHS Government Affairs	Omha Insurance Company Ltd.	Other	Joint Ventures	Henry Ford Health System Foundation	Eliminations	Henry Ford Health System Consolidated
CURRENT ASSETS															
Cash and cash equivalents	$334,719		$42,797	$2,526	$75,232	$5,385		($250)	$718		$2,759	$6,752	$682		$171,320
Short term investments	4,819					5									4,824
Patient care receivables	221,521					4,346						2,256		($9,349)	216,534
Health care premium receivables	45,536		3,718		1,450										49,704
Due from third-party payers	37,928														37,928
Deferred tax asset	0		370		322										692
Assets held for sale	6,650														6,650
Other current assets	109,694		5,055	598	1,242	2,407	1,207	(632)		3,847	(93)	514	2	(10,535)	113,506
Current portion of assets limited as to use	31,819							250							32,069
Total current assets	793,686	0	50,940	1,124	78,246	8,943	1,207	(632)	718	3,847	2,666	9,522	684	(19,884)	933,067
LONG-TERM INVESTMENTS	316,720		12,919			333									329,972
ASSETS LIMITED AS TO USE	530,167		310		1,045			745		75,025			133,892	(84,816)	856,368
JOINT VENTURE INVESTMENTS	15,100										(302)			(6,092)	8,706
INTANGIBLE AND OTHER ASSETS	139,002				39,714	1					10			(138,948)	39,779
GOODWILL	8,838				31,252	4,955									45,045
PROPERTY, PLANT AND EQUIPMENT - Net	1,263,461			269	668	8,167	506	233			14,657	4,227			1,292,388
TOTAL	$3,066,974	$0	$64,169	$3,393	$150,925	$22,399	$1,713	$346	$718	$78,872	$17,031	$13,749	$134,576	($229,740)	$3,525,125

UNAUDITED
CONSOLIDATING BALANCE SHEET INFORMATION
AS OF DECEMBER 31, 2013 (In Thousands)
(TOTAL SYSTEM)

LIABILITIES AND NET ASSETS	Henry Ford Health System Obligated Group	Fairlane Health Services Corporation	Alliance Health & Life Insurance Company	Administrative Systems Research	Midwest Health Plan	Optimesyr	Henry Ford Physician Network	Henry Ford Innovation Institute	HFHS Government Affairs	Oniko Insurance Company Ltd	Other	Joint Ventures	Henry Ford Health System Foundation	Eliminations	Henry Ford Health System Consolidated
CURRENT LIABILITIES															
Short Term Borrowings	$39 583														$39 583
Accounts payable	146,345		55,161	51,002	52,290	51,359				573	561	51 538		(51,259)	156 724
Medical claims liability	183,927		24,444		17,997									(9,349)	166 019
Other liabilities and accrued expenses	227,091		7,472	471	971	2,259	1,193			4 479		747	$17,900	(27 881)	234,702
Current portion of long term obligations	22,683											404			23,809
Contingent current portion of long-term obligations	19,804														0 19 804
Current portion of capital lease payable	1,787														1,787
Current portion of malpractice and general liability	25,505														0 25 505
Total current liabilities	596,847	0	36 079	1 473	41 258	1,618	1 193	0	0	4 552	13	7 689	17 900	(18 489)	667 133
MALPRACTICE AND GENERAL LIABILITY	102,773									74,289				(66 691)	110 882
DEFERRED COMPENSATION POSTRETIREMENT AND OTHER LIABILITIES	282 091				9 397	1 018									292 506
DEFERRED TAX LIABILITY	0				11 332										11,332
LONG TERM OBLIGATIONS	864,932											1 964			866 896
LONG TERM CAPITAL LEASE PAYABLE	3 832														3 832
Total liabilities	1 850,475	0	36,079	1,473	61,987	4,636	1,193	0	0	78,752	13	4,653	17,900	(104,180)	1,952,581
NET ASSETS															
Unrestricted															
Henry Ford Health System	1 001,368		28,090	1 920	88,938	17,963	520	(649)	718	120	17 018	5,235	316 676	(125,160)	1,352,757
Noncontrolling interests	4 104											3,861			7,965
Total unrestricted	1 005,472	0	28,090	1 920	88,938	17 963	520	(649)	718	120	17,018	9,096	316,676	(125,160)	1,360,722
Temporarily restricted	116 172							995							117 167
Permanently restricted	94 855														94 855
Total net assets	1,216,499	0	28,090	1,920	88,938	17,963	520	346	718	120	17,018	9,096	316,676	(125 160)	1,572,744
TOTAL	$3,066,974	$0	$64,169	$3,393	$150 925	$22,599	$1,713	$346	$718	$78,872	$17,031	$13 749	$334 576	($229,340)	$3,525 325