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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 07-01-2013 , 2013, and ending 06-30-2014

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

C Name of organization
PORT HURON HOSPITAL

Doing Business As
MCLAREN PORT HURON

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1221 PINE GROVE AVENUE

City or town, state or province, country, and ZIP or foreign postal code
PORT HURON, MI 48060

D Employer identification number
38-1369611

E Telephone number
(810) 987-5000

G Gross receipts $ 178,958,011

F Name and address of principal officer
THOMAS DEFAUW
1221 PINE GROVE AVENUE
PORT HURON, MI 48060

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 PORTHURONHOSPITAL ORG

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

L Year of formation 1879

M State of legal domicile MI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PROVISION OF ACUTE MEDICAL CARE TO BE A LEADER IN HEALING, AND YOUR PARTNER IN HEALTH

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**	18
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**	1,629
6	Total number of volunteers (estimate if necessary)	**6**	133
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,052,633
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-291,376

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	948,118	1,388,002
9	Program service revenue (Part VIII, line 2g)	178,174,414	172,614,254
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,505,039	2,954,129
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,239,416	2,001,626
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	182,866,987	178,958,011
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,319,852	0
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)	79,752,379	79,516,594
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	90,683,218	92,940,877
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	177,755,449	172,457,471
19	Revenue less expenses Subtract line 18 from line 12	5,111,538	6,500,540

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	152,055,193	141,223,420
21	Total liabilities (Part X, line 26)	78,142,448	74,593,108
22	Net assets or fund balances Subtract line 21 from line 20	73,912,745	66,630,312

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

****** | 2015-03-30
Signature of officer | Date

JOHN LISTON 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
CAROL LALONDE CPA				P00181637

Firm's name ▶ PLANTE & MORAN PLLC | Firm's EIN ▶ 38-1357951

Firm's address ▶ 750 TRADE CENTRE WAY STE 300
PORTAGE, MI 49002 | Phone no (269) 567-4500

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

PROVISION OF ACUTE MEDICAL CARE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ 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 $ 124,739,716 including grants of $) (Revenue $ 171,636,012)

FOR THE YEAR ENDED JUNE 30, 2014, PORT HURON HOSPITAL PROVIDED HEALTH CARE SERVICES TO THE POOR AND TO THE BROADER COMMUNITY FOR WHICH THE COST OF PROVIDING SUCH SERVICES EXCEEDED THE RELATED REVENUE CHARITY CARE IN THE AMOUNT OF $4,933,716 WAS PROVIDED DURING THE YEAR PORT HURON HOSPITAL PROVIDED $331,291,704 IN THIRD PARTY DISCOUNTS IN TOTAL, THIS REPRESENTS 65 7 PERCENT OF THE GROSS PATIENT REVENUE FOR THIS YEAR PORT HURON HOSPITAL ALSO PROVIDED THE COMMUNITY WITH OPPORTUNITIES TO PARTICIPATE IN NUMEROUS EDUCATIONAL, WELLNESS, SCREENING, AND SUPPORTIVE PROGRAMS AT EITHER NO COST OR AT A NOMINAL CHARGE THE HOSPITAL PROVIDED A TOTAL OF 547 PROGRAMS TO APPROXIMATELY 520,609 PEOPLE OF THE COMMUNITY

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses ▶** 124,739,716

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

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**		No
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**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) 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**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *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**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	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**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	123		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,629		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 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**	18		
	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**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			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**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

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

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

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

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

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

▶ JOHN LISTON CFO 1221 PINE GROVE AVENUE
PORT HURON, MI 48060 (810) 989-3737

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KAREN NIVER MD CHAIRMAN	3 00 1 00	X		X				0	0	0
(2) MONA ARMSTRONG VICE CHAIRMAN	3 00 1 00	X		X				0	0	0
(3) JOHN OGDEN TREASURER	3 00 1 00	X		X				0	0	0
(4) KARL TOMION SECRETARY	3 00 1 00	X		X				0	0	0
(5) THOMAS D DEFAUW PRESIDENT & CEO	40 00 3 00	X		X				712,273	0	103,739
(6) JOHN LISTON ASST TREASURER	40 00 4 00	X		X				345,433	0	57,989
(7) PHILIP INCARNATI PRESIDENT & CEO MCLAREN CORP	1 00 45 00	X		X				0	0	0
(8) JANET TURNER LOMASNEY OD TRUSTEE	3 00 1 00	X						0	0	0
(9) GLEN BETRUS MD TRUSTEE	3 00 0 00	X						0	0	0
(10) JANICE ROSE TRUSTEE	3 00 0 00	X						0	0	0
(11) F WILLIAM COOP MD TRUSTEE	3 00 0 00	X						0	0	0
(12) JOHN V BROOKS MD TRUSTEE, CHIEF OF STAFF - PART YEAR	3 00 0 00	X						0	0	0
(13) DAVID KEYES TRUSTEE	3 00 0 00	X						0	0	0
(14) DAVID TRACY MD TRUSTEE	3 00 0 00	X						0	0	0
(15) DAVID A THOMPSON TRUSTEE	3 00 2 00	X						0	0	0
(16) BASSAM H NASR MD TRUSTEE	3 00 0 00	X						0	0	0
(17) RICHARD LEVEILLE TRUSTEE	3 00 1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID C WHIPPLE TRUSTEE	3 00 0 00	X						0	0	0
(19) SURESH TUMMA MD TRUSTEE	3 00 0 00	X						0	0	0
(20) DR MICHAEL TAWNEY CHIEF MEDICAL DIRECTOR	40 00 1 00				X			380,781	0	62,449
(21) DAVID MCEWEN VP OF OPERATIONS	40 00 1 00				X			277,690	0	51,064
(22) JENNIFER MONTGOMERY VP OF NURSING	40 00 0 00				X			316,726	0	66,045
(23) GARY LEROY VP OF ADMINISTRATION & PLA	40 00 1 00				X			195,864	0	31,166
(24) DORIS SEIDL VP OF HUMAN RESOURCES	40 00 0 00				X			215,590	0	40,773
(25) ROBERT L BAUER MD PHYSICIAN	40 00 0 00					X		276,089	0	17,951
(26) THOMAS F BROZOVICH MD PHYSICIAN	40 00 0 00					X		282,428	0	12,521
(27) TIMOTHY R VANHOWE CRNA	40 00 0 00					X		249,350	0	5,004
(28) TROY C REED CRNA	40 00 0 00					X		231,726	0	4,581
(29) JOSEPH A GIZONI CRNA	40 00 0 00					X		225,098	0	17,880
(30) KATHLEEN METCALF FORMER DIRECTOR PEROPERATIVE SERVICER	40 00 0 00						X	104,033	0	0
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								3,813,081	0	471,162

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 ▶ 72

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NAVIN HAFFTY & ASSOCIATES LLC 1900 WEST PARK DRIVE STE 180 WESTBOROUGH MA 01581	COMPUTER CONSULTING	1,040,687
MCLMICHIGAN CO-TENANCY LAB DEPT CH 14271 PALATINE IL 600554271	LAB SERVICES	742,588
AHSAAMERICAN HEALTHCARE STAFFING ASSOC PO BOX 945 TRAVERSE CITY MI 49685	CONTRACT LABOR	723,677
PHYSICIAN HEALTHCARE NETWORK 3050 COMMERCE DRIVE FORT GRATIOT MI 48059	MEDICAL/ONCALL SERVICE	444,368
HEALOGICS WOUND CARE & HYPERBARIC SERV 3087 MOMENTUM PLACE CHICAGO IL 606895330	PROF SERVICES	397,268

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 ▶ 15

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d 1,388,002				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f $	18,450				
	h **Total.** Add lines 1a-1f		1,388,002			
Program Service Revenue		Business Code				
	2a PATIENT REVENUE	621500	171,353,892	171,353,892		
	b LABORATORY	621500	1,088,651	110,409	978,242	
	c OPERATING REVENUE	621500	171,711	171,711		
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f		172,614,254			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,050,240			1,050,240
	4 Income from investment of tax-exempt bond proceeds					
	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	1,876,692	27,197			
	b Less cost or other basis and sales expenses	0	0			
	c Gain or (loss)	1,876,692	27,197			
	d Net gain or (loss)		1,903,889			1,903,889
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a ELEC HEALTH RECORD	900000	885,839			885,839
	b CAFETERIA	722210	759,236			759,236
	c LAUNDRY	812300	217,202		74,391	142,811
	d All other revenue		139,349			139,349
	e **Total.** Add lines 11a–11d		2,001,626			
	12 **Total revenue.** See Instructions		178,958,011	171,636,012	1,052,633	4,881,364

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				
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,255,154		3,255,154	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	64,206,523	53,550,885	10,655,638	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,990,591	2,380,608	609,983	
9 Other employee benefits	3,966,706	3,308,444	658,262	
10 Payroll taxes	5,097,620	4,057,872	1,039,748	
11 Fees for services (non-employees)				
a Management				
b Legal	392,826		392,826	
c Accounting	158,387		158,387	
d Lobbying	19,946		19,946	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	459,011		459,011	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	18,265,958	6,861,003	11,404,955	
12 Advertising and promotion	296,986		296,986	
13 Office expenses	1,066,927	763,428	303,499	
14 Information technology	7,038,512	54,085	6,984,427	
15 Royalties . .				
16 Occupancy				
17 Travel	145,109	68,675	76,434	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	84,886	31,757	53,129	
20 Interest	521,619		521,619	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,264,179		8,264,179	
23 Insurance	37,110		37,110	
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 MED SUPPLY & MINOR EQUI	32,540,798	31,931,190	609,608	
b BAD DEBTS	10,950,024	10,950,024		
c QAAP TAX	4,782,187	4,782,187		
d REPAIR & MAINT	3,214,043	1,976,242	1,237,801	
e All other expenses	4,702,369	4,023,316	679,053	
25 **Total functional expenses.** Add lines 1 through 24e	172,457,471	124,739,716	47,717,755	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		28,900,575	1	11,340,907
	2	Savings and temporary cash investments		35,624,403	2	26,869,306
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		6,234,525	4	11,911,626
	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		4,666,657	7	6,889,772
	8	Inventories for sale or use		4,917,340	8	5,378,784
	9	Prepaid expenses and deferred charges		1,486,658	9	533,072
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 55,812,935			
	b	Less accumulated depreciation	10b 640,570	46,444,016	10c	55,172,365
	11	Investments—publicly traded securities		12,971,774	11	14,043,973
	12	Investments—other securities See Part IV, line 11		5,839,006	12	3,878,422
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		4,970,239	15	5,205,193
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		152,055,193	16	141,223,420
Liabilities	17	Accounts payable and accrued expenses		51,342,179	17	57,912,062
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		13,138,609	20	9,325,352
	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		366,923	23	200,427
	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		13,294,737	25	7,155,267
	26	**Total liabilities.** Add lines 17 through 25		78,142,448	26	74,593,108
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		73,912,745	27	66,630,312
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		73,912,745	33	66,630,312
	34	Total liabilities and net assets/fund balances		152,055,193	34	141,223,420

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	178,958,011
2	Total expenses (must equal Part IX, column (A), line 25)	2	172,457,471
3	Revenue less expenses Subtract line 2 from line 1	3	6,500,540
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	73,912,745
5	Net unrealized gains (losses) on investments	5	2,935,292
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	-16,718,265
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	66,630,312

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		No
	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		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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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
PORT HURON HOSPITAL

Employer identification number
38-1369611

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**
PORT HURON HOSPITAL	38-1369611

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ **Yes** ☐ **No**

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

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

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

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

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the 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					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		19,946
j	Total Add lines 1c through 1i			19,946
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

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
PORT HURON HOSPITAL

Employer identification number
38-1369611

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

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

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	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	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' 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		1,908,148		1,908,148
b Buildings		21,394,026	472,226	20,921,800
c Leasehold improvements				
d Equipment		14,413,295	168,344	14,244,951
e Other		18,097,466		18,097,466
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				55,172,365

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
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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	
CLAIM LIABILITY	7,155,267
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	7,155,267

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 XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" 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
PORT HURON HOSPITAL

Employer identification number
38-1369611

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☑ 350% ☐ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the 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	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
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)	1	1,104	1,511,138	0	1,511,138	0 880 %
b Medicaid (from Worksheet 3, column a)	2	2,202	27,886,724	22,619,486	5,267,238	3 050 %
c Costs of other means-tested government programs (from Worksheet 3, column b)	0					
d **Total** Financial Assistance and Means-Tested Government Programs	3	3,306	29,397,862	22,619,486	6,778,376	3 930 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	239	517,232	497,455	21,771	475,684	0 280 %
f Health professions education (from Worksheet 5)	0					
g Subsidized health services (from Worksheet 6)	0					
h Research (from Worksheet 7)	0					
i Cash and in-kind contributions for community benefit (from Worksheet 8)	8		37,021	0	37,021	0 020 %
j **Total.** Other Benefits	247	517,232	534,476	21,771	512,705	0 300 %
k **Total.** Add lines 7d and 7j	250	520,538	29,932,338	22,641,257	7,291,081	4 230 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development	18	0	2,085		2,085	0 %
3	Community support	231	71	27,478		27,478	0 020 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building	19	0	1,596		1,596	0 %
7	Community health improvement advocacy	8	0	1,038		1,038	0 %
8	Workforce development	21	0	56,888		56,888	0 030 %
9	Other						
10	**Total**	297	71	89,085		89,085	0 050 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	10,950,024		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	1,601,367		
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	56,897,068
6	Enter Medicare allowable costs of care relating to payments on line 5	6	59,811,649
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-2,914,581
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

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

	Name, address, primary website address, and state license number	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 PORT HURON 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 begining 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 12			
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**		No
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.MCLAREN.ORG/PORTHURON			
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**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 350 000000000000% 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 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
See Additional Data Table	

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? _____

	Name and address	Type of Facility (describe)
1		
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 II, COMMUNITY BUILDING ACTIVITIES	THE PORT HURON COMMUNITY HAS ALWAYS HOSTED A VIBRANT DISCUSSION ON COMMUNITY-BUILDING AND ITS INFLUENCE ON COMMUNITY HEALTH MCLAREN PORT HURON, WITH OTHER COMMUNITY AGENCIES SUCH AS THE COMMUNITY FOUNDATION, THE HEALTH DEPARTMENT, COMMUNITY MENTAL HEALTH, PUBLIC SAFETY, CLERGY AND OTHER COMMUNITY HOSPITALS REGULARLY COME TOGETHER AROUND COMMON INTERESTS COLLECTIVELY, THERE IS A CONSENSUS AMONG THESE GROUPS- AND OTHERS- THAT A COMMUNITY'S "HEALTH" IS DEFINED BY MUCH BROADER MEASUREMENTS THAN TRADITIONAL VITAL HEALTH STATISTICS OBESITY, DEPRESSION, DIABETES, TEEN PREGNANCY ARE ISSUES THAT HAVE GARNERED OUR COLLECTIVE ACTION, BUT OTHER ISSUES SUCH AS UNEMPLOYMENT, IMPROVED ACCESS TO PARKS, AVAILABILITY OF FRESH PRODUCE, YOUTH MENTORING ALSO GAIN OUR ATTENTION MCLAREN PORT HURON, IN PARTICULAR, INFLUENCES, INFORMS AND DRAWS FROM THESE CONVERSATIONS OUR MANAGEMENT TEAM, COMPRISED OF ABOUT 50 INDIVIDUALS, IS INVOLVED IN (AND OFTEN PROVIDES LEADERSHIP TO) OVER 50 COMMUNITY SERVICE AGENCIES SUCH AS ROTARY CLUBS, CHAMBERS OF COMMERCE, THE YMCA, THE COMMUNITY COLLEGE, SCHOOL AND CHURCH BOARDS, CHILD ADVOCACY GROUPS, THE UNITED WAY, COUNCILS ON AGING, HUMAN SERVICES COORDINATING COUNCILS, ECONOMIC DEVELOPMENT, AND AREA MUSEUMS THESE RELATIONSHIPS- AND THEIR LEADERS- REGULARLY INFORM A LESS FORMAL, BUT MORE MEANINGFUL, COMMUNITY NEEDS ASSESSMENT THE LEADERSHIP AT MCLAREN PORT HURON CLEARLY COMMUNICATES ITS EXPECTATION THAT EVERY MANAGER IS COMMITTED TO AT LEAST ONE SUCH COMMUNITY SERVICE GROUP AND THE HOSPITAL, IN TURN, SUPPORTS THOSE MANAGERS IN THEIR ROLES ADDITIONALLY, MCLAREN PORT HURON TAKES PRIDE IN ITS SUPPORT OF OTHER AGENCIES' FUNDRAISING AND COMMUNITY-BUILDING ACTIVITIES SUCH AS THE MARCH OF DIMES' JAIL-N-BAIL, WALK FOR SUMMER READING, AMERICAN HEART WALK, UNITED WAY, BACKPACK/SCHOOL SUPPLIES GIVE-AWAYS AND THE CHILD ABUSE AND NEGLECT ROOFSIT THESE EVENTS PROMOTE WELLNESS AND HEALTHIER LIFESTYLES, OFFER HEALTH SCREENINGS AND RAISE FUNDS FOR AGENCIES WHOSE MISSIONS ARE ALIGNED WITH THE HOSPITAL'S

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

Form and Line Reference	Explanation
PART III, LINE 8	PORT HURON HOSPITAL APPLIES THE COST TO CHARGE RATIO METHODOLOGY AS REQUIRED ALL OF THE SHORTFALL SHOULD BE CONSIDERED COMMUNITY BENEFIT

Form and Line Reference	Explanation
PART III, LINE 9B	IF A PATIENT PARTICIPATES IN THE CHARITY CARE PROCESS, THE ACCOUNT IS WRITTEN OFF THE CHARITY AS PER THE CHARITY CARE PROCESS HOWEVER, IF THE PATIENT IS NON-PARTICIPATIVE IN THE CHARITY CARE PROCESS, THE NORMAL COLLECTION PROCESS WILL ENSUE

Form and Line Reference	Explanation
PART VI, LINE 2	IN ADDITION TO THOSE METHODS DESCRIBED IN PART II AND PART V, THE HOSPITAL UTILIZES MANY MORE METHODS TO ASSESS - AND ADDRESS - THE HEALTH CARE NEEDS OF OUR COMMUNITY VARIOUS ONGOING AND AD-HOC EFFORTS INCLUDE - PARTICIPATION IN VARIOUS FORMAL COUNTY-WIDE NEEDS ASSESSMENTS WITH THE ST CLAIR COUNTY HEALTH DEPARTMENT (INCLUDING EMERGENCY MANAGEMENT) - WITH THE MICHIGAN INPATIENT DATABASE, AN ANNUAL GAP ANALYSIS FOR COMMUNITY OUTMIGRATION FOR HEALTHCARE SERVICES NOT OFFERED IN COUNTY (WHICH TO AN ANALSIS AND COMMITMENT TO INVESTMENT IN INCREASED CANCER TREATMENT SERVICES) - PERIODIC CONSUMER PERCEPTION AND PERFERENCE SURVEYS (SUCH AS EPIC MRA, PRESS GANEY) - A COMMUNITY ADVISORY BOARD THAT PROVIDES THE HOSPITAL WITH DIRECTION AND TIMELY FEEDBACK REGARDING WOMEN'S HEALTH NEEDS (RECENTLY DIRECTED THE HOSPITAL TO INVEST IN DIGITAL MAMMOGRAPHY TECHNOLOGY) - AN ANNUAL STRATEGIC PLANNING PROCESS THAT INCORPORATES INPUT FROM THE COMMUNITY, MANAGERS, PHYSICIANS, TRUSTEES AND PATIENTS FEEDBACK - FEEDBACK AND DIRECTION FROM THE HOSPITAL'S "55-PLUS" MEMBERSHIP GROUP, WHICH DIRECTED THE HOSPITAL'S ATTENTION TO SCREENINGS AND SUPPORT GROUPS THAT ARE NOT TYPICALLY PAID FOR BY HEALTH PLANS - KEY COMMUNITY CONSTITUENTS - WHO HAVE SUPPORTED THE HOSPITAL'S EDUCATION AND OUTREACH MISSION - ULTIMATELY RESULTING IN A HEALTH LIBRARY AND CLASSROOMS (BOTH PROMINENTLY POSITIONED IN THE HOSPITAL'S MAIN LOBBY) THAT PROVIDE EDUCATIONAL RESOURCES, SUPPORT AND INSTRUCTION TO COMMUNITY GROUPS, PHYSICIANS, HOSPITAL STAFF - "TODAY'S HEALTH" - A WEEKLY HEALTH INFORMATION TELEVISION AND CABLE SHOW - PROVIDES EDUCATIONAL CONTENT THAT IS ALIGNED WITH COMMUNITY NEED - HEALTH ACCESS - A MEDIUM THROUGH WHICH THE HOSPITAL IS ABLE TO ANSWER SPECIFIC EDUCATIONAL INTERESTS, PROVIDE EMERGENCY DIRECTION, PROMOTE THE AVAILABILITY OF HEALTH OUTREACH RESOURCES AND FACILITATE CLASS ENROLLMENT - COUNTY EMERGENCY MANAGEMENT, "REGOIN 2" HOMELAND SECURITY, LOCAL PUBLIC SAFETY - THESE AGENCIES ROUTINELY ADVISE THE HOSPITAL ON NEEDED PREPARATIONS FOR SPECIFIC EMERGENCY PLANNING THAT IS IN THE COMMUNITY'S INTEREST IN ADDITION TO ACTUAL EVENTS AND EXERCISES FOR FIRE, TORNADO AND HAZARDOUS MATERIALS EXPOSURES, THESE AGENCIES ASSISTED THE HOSPITAL IN TESTING ITS ABILITY TO CARE FOR AN H1N1 EPIDEMIC, MANAGE AN "ACTIVE SHOOTER" SCENARIO AND CONDUCTING AN INFANT ABDUCTION DRILL FINALLY, THE HOSPITAL'S HISTORY OF PUBLIC ACCOUNTABILITY FACILITATES A REGULAR DIALOG WITH THE COMMUNITY REGARDING THE HOSPITAL'S COMMITMENT TO COMMUNITY BENEFIT EACH YEAR, THE HOSPITAL PUBLISHES AND DISTRIBUTES AN ANNUAL REPORT, WHICH IS SHARED WITH TRUSTEES AND OTHER COMMUNITY REPRESENTATIVES MORE CONCURRENTLY, THE HOSPITAL REPORTS ON NUMEROUS COMMUNITY BENEFIT RESOURCES IN A HALF-PAGE AD THAT IS PUBLISHED MONTHLY IN THE LOCAL NEWSPAPER UNDER A "YOUR PARTNER IN HEALTH" SERIES

Form and Line Reference	Explanation
PART VI, LINE 3	THE HOSPITAL HAS BROCHURES AVAILABLE FOR PATIENTS REGARDING THEIR OPTIONS THE HOSPITAL ALSO COMMUNICATES THAT A PATIENT MAY CALL IF THEY NEED FINANCIAL ASSISTANCE VIA PHONE CALLS AND BILLING STATEMENTS THE HOSPITAL HAS A REPRESENTATIVE THAT IS WILLING TO WORK WITH THE PATIENTS TO HELP THEM TRY TO GET INSURANCE OR OTHER FORMS OF ASSISTANCE

Form and Line Reference	Explanation
PART VI, LINE 4	THE HOSPITAL AND ITS AFFILIATE ORGANIZATIONS SERVE A THREE-SIDED MARKET, LIMITED BY LAKE HURON AND THE CANADIAN BOARD TO THE EAST THE HOSPITAL'S SERVICE AREA IS GENERALLY CONSIDERED TO BE ALL OF ST CLAIR COUNTY, WITH PORTIONS OF SANILAC, HURON, LAPEER AND MACOMB COUNTIES THE SERVICE AREA'S POPULATION IS ABOUT 220,000 WITH ABOUT THREE-QUARTERS RESIDING IN ST CLAIR COUNTY THE LARGEST COMMUNITY, PORT HURON, HAS A POPULATION OF ABOUT 35,000 RESIDENTS ABOUT A THIRD OF THE COUNTY'S RESIDENTS LEAVE THE COUNTY FOR WORK OUR MARKET FOLLOWS THE STATE DEMOGRAPHICS WITH SOME EXCEPTIONS A LOWER PERCENTAGE OF AFRICAN-AMERICANS, A HIGHER PERCENTAGE OF NATIVE AMERICANS, A LOWER AVERAGE HOUSEHOLD INCOME AND A HIGHER PERCENTAGE OF RESIDENTS OVER 65 YEARS OLD THESE MARKET CHARACTERISTICS ARE CONSIDERED IN OUR PLANNING EFFORTS, PARTICULARLY AS WE PLAN FOR HEALTH SCREENINGS AND TRANSPORTATION NEEDS

Form and Line Reference	Explanation
PART VI, LINE 5	N/A

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	MI

Additional Data

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

990 Schedule H, Supplemental Information

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
PORT HURON HOSPITAL	
PORT HURON HOSPITAL	PART V, SECTION B, LINE 7 THE HOSPITAL SELECTED ONLY SOME OF THE NEEDS IDENTIFIED IN THE COUNTY-WIDE NEEDS ASSESSMENT IN PARTICULAR, THE HOSPITAL LOOKED FOR AREAS WHERE COUNTY-LE VEL OBSERVATIONS ALIGNED WITH ROUNDTABLE DISCUSSIONS, FEEDBACK FROM COMMUNITY LEADERS, DIR ECTION OFFERED FROM ITS COMMUNITY HEALTH CENTER REPRESENTATIVES AND NUMEROUS OTHER AVENUES FOR INPUT AS A RESULT, THE HOSPITAL DEPLOYED ITS RESOURCES IN AREAS MOST MISSION-RELEVAN T AND WHERE IT COULD HAVE THE GREATEST IMPACT WHILE THE COUNTY DREW ATTENTION TO OBESITY, SEDENTARY LIFESTYLES, UNHEALTHY DIETS, HIGH BLOOD PRESSURE, HIGH CHOLESTEROL, TOBACCO USE AND ALCOHOL USE, THE HOSPITAL RESPONDED WITH EDUCATION, OUTREACH, SCREENINGS AND TREATMEN T THAT - EXPANDED ACCESS TO FREE OR DISCOUNTED MAMMOGRAMS, PROMOTED UNDERSTANDING OF PALL IATIVE CARE - SOUGHTS AND OBTAINED ACCREDITATION AS A DIABETES CENTER OF EXCELLENCE (ONE O F ONLY TWO IN MICHIGAN), ASSURING OUR COMMUNITY OF COMPETENT, ACCURATE EDUCATION AND MANAG EMENT OF THIS DIFFICULT DISEASE - WORKED WITH PHYSICIANS TO DEVELOP ALTERNATIVE SUPPORT AN D TREATMENT FOR CHRONIC ASTHMATICS - EXPANDED ACCESS TO "GOOD HEALTH" EVENTS THROUGHOUT OU R SERVICE AREA, IDENTIFYING PATIENTS THAT WERE AT HIGH RISK FOR A NUMBER OF CHRONIC CONDIT IONS AND OBTAINING APPROPRIATE MEDICAL TREATMENT FOR THEM - JOINED WITH THE COMMUNITY FOUN DATION TO PROVIDE ELEMENTARY-AGED CHILDREN THROUGHOUT THE COUNTY WITH BACKPACKS STOCKED WI TH SCHOOL SUPPLIES AND PERSONAL HYGIENE PRODUCTS THE EVENTS ARE DELIBERATELY PAIRED WITH FOOD DISTRIBUTIONS BY OUR FOOD BANKS - PARTNERED WITH THE MICHIGAN HOSPITAL ASSOCIATION TO IMPROVE THE QUALITY OF FOOD OFFERED AT THE HOSPITAL, RAISING THE NUTRITIONAL COMPETENCY A MOUNG EMPLOYEES, VISITORS AND PATIENTS - CONTINUED TO EMPHASIZE THE IMPORTANCE OF SMOKING CESSATION AND TO MAKE RESOURCES AVAILABLE TO BOTH EMPLOYEES AND OUR COMMUNITY - WORKED WIT H NUMEROUS ASSOCIATIONS AND LAWMAKERS TO PROVIDE THE COMMUNITY WITH A COMPLETE UNDERSTANDI NG OF A MEDICAID EXPANSION - CONTINUED OUR EDUCATIONAL COMMITMENT TO HELMET AND BIKE SAFET Y, AIMED SPECIFICALLY AT REDUCING "YEARS OF POTENTIAL LIFE LOST" DUE TO HEAD INJURIES THI S LAST YEAR, WE ALSO ADDED A PROGRAM WITH THE LOCAL HIGH SCHOOLS AND COMMUNITY COLLEGE TO PROVIDE ATHLETES WITH A BASELINE NEUROLOGICAL ASSESSMENT WITH CONCUSSION SCREEENING PROTOC OLS
PORT HURON HOSPITAL	PART V, SECTION B, LINE 12I PROPENSITY TO PAY
PORT HURON HOSPITAL	PART V, SECTION B, LINE 14G PAMPHLETS ARE DISPLAYED AND AVAILABLE IN EMERGENCY ROOM
PORT HURON HOSPITAL	PART V, SECTION B, LINE 20D UPON REQUEST WE OFFER 20% PROMPT PAY DISCOUNT FOR NON CO-PAY AND DEDUCTIBLE PORTIONS AND 20% UNINSURED DISCOUNT IF THE PERSON IS STILL UNABLE TO PAY, WE REVIEW FOR CHARITY CARE OR CATASTROPHIC CARE

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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
PORT HURON HOSPITAL

Employer identification number
38-1369611

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**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or 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	HEALTH CLUB BENEFITS WERE PROVIDED TO THE CHIEF EXECUTIVE OFFICER AND TREATED AS TAXABLE COMPENSATION TRAVEL FOR COMPANIONS WAS PROVIDED TO THE CHIEF EXECUTIVE OFFICER AND TREATED AS TAXABLE INCOME
PART I, LINE 3	SEPARATION
PART I, LINES 4A-B	SEPARATION PAY WAS PROVIDED TO KATHLEEN METCALF OF $20,084 FOR PERIOD OF MARCH 24-APRIL 27, 2013 HER TERMINATION DATE IS 3-22-13 THIS AMOUNT WAS INCLUDED IN HER 2013 W2 THE FOLLOWING INDIVIDUALS MADE CONTRIBUTIONS A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN THOMAS D DEFAUW $60,389 JOHN LISTON $20,028 DAVID MCEWEN $16,025 DR MICHAEL TANEY $21,355 DORIS SEIDL $12,181 JENNIFER MONTGOMERY $18,342
PART I, LINE 6	PORT HURON HOSPITAL OFFERS AN ANNUAL INCENTIVE PROGRAM TO THE EXECUTIVE TEAM (PRESIDENT/CEO AND VICE-PRESIDENTS) THE EXECUTIVE COMPENSATION COMMITTEE OVERSEES THE ESTABLISHMENT, IMPLEMENTATION, AND APPROVAL OF THE INCENTIVE PROGRAMS THE ANNUAL INCENTIVE PROGRAM PLAN CONTAINS 2 SETS OF MEASURES CIRCUIT BREAKER AND ORGANIZATION INCENTIVE PROGRAM MEASURERS, STANDARDS, AND WEIGHTS CIRCUIT BREAKER MEASURERS OPERATING INCOME PLUS A RESERVE FOR INCENTIVE COMPENSATION THE SECOND SET OF MEASURES INCLUDES UP TO 5 MEASURES IMPORTANT TO THE ORGANIZATION THE INCENTIVE PAYOUT IS CALCULATED AS A PERCENTAGE OF BASE SALARY, FROM A RANGE OF PERCENTAGES THE PRESIDENT/CEO INCENTIVE RANGES FROM 18 5% TO 37% AND THE VICE PRESIDENTS RANGE FROM 12% TO 24% FAILURE TO PERFORM AT BELOW THRESHOLD LEVELS FOR THE CIRCUIT BREAKER MEASURES RESULTS IN A CURTAILED OR ELIMINATED INCENTIVE PAYMENT

Additional Data

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
THOMAS D DEFAUW PRESIDENT & CEO	(I) (II)	486,556 0	166,135 0	59,582 0	74,159 0	29,580 0	816,012 0	0 0
JOHN LISTON ASST TREASURER	(I) (II)	280,064 0	60,001 0	5,368 0	33,798 0	24,191 0	403,422 0	0 0
DR MICHAEL TAWNEY CHIEF MEDICAL DIRECTOR	(I) (II)	307,154 0	64,922 0	8,705 0	35,125 0	27,324 0	443,230 0	0 0
DAVID MCEWEN VP OF OPERATIONS	(I) (II)	223,183 0	48,717 0	5,790 0	29,795 0	21,269 0	328,754 0	0 0
JENNIFER MONTGOMERY VP OF NURSING	(I) (II)	256,905 0	54,950 0	4,871 0	38,997 0	27,048 0	382,771 0	0 0
GARY LEROY VP OF ADMINISTRATION & PLA	(I) (II)	159,333 0	33,651 0	2,880 0	13,618 0	17,548 0	227,030 0	0 0
DORIS SEIDL VP OF HUMAN RESOURCES	(I) (II)	171,392 0	36,493 0	7,705 0	29,541 0	11,232 0	256,363 0	0 0
ROBERT L BAUER MD PHYSICIAN	(I) (II)	276,089 0	0 0	0 0	6,120 0	11,831 0	294,040 0	0 0
THOMAS F BROZOVICH MD PHYSICIAN	(I) (II)	282,428 0	0 0	0 0	0 0	12,521 0	294,949 0	0 0
TIMOTHY R VANHOWE CRNA	(I) (II)	249,350 0	0 0	0 0	5,004 0	0 0	254,354 0	0 0
TROY C REED CRNA	(I) (II)	231,726 0	0 0	0 0	4,581 0	0 0	236,307 0	0 0
JOSEPH A GIZONI CRNA	(I) (II)	225,098 0	0 0	0 0	5,359 0	12,521 0	242,978 0	0 0
KATHLEEN METCALF FORMER DIRECTOR PEROPERATIVE SERVICE	(I) (II)	104,033 0	0 0	0 0	0 0	0 0	104,033 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
PORT HURON HOSPITAL

Employer identification number
38-1369611

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MICHIGAN STATE HOSPITAL FINANCE AUTHORITY	38-2889417	59465HKZ8	05-12-2009	14,645,000	FACILITY IMPROVEMENTS, EQUIPMENT ACQUISITIONS, CURRENT REFUNDINGS		X		X		X
B	MICHIGAN FINANCE AUTHORITY	80-0596186	59447PDV0	03-24-2011	23,815,000	FACILITY IMPROVEMENTS, EQUIPMENT ACQUISITIONS, CURRENT REFUNDINGS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	12,326,228	5,146,110		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	14,646,627	23,817,405		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds		528,890		
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	192,540	195,084		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	6,393,895	6,296,919		
11	Other spent proceeds	8,060,193	16,796,259		
12	Other unspent proceeds		253		
13	Year of substantial completion	2012	2014		

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X					
b	Exception to rebate?		X		X				
c	No rebate due?		X		X				
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was 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				
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

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

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

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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
PORT HURON HOSPITAL

Employer identification number
38-1369611

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
(1) PHYSICIAN HEALTHCARE INVESTORS	BASSAM H NASR, MD, BOARD MEMBER OF PHH AND PART OWNER	84,866	RENTAL/LEASE SLEEP CENTER		No

Part V Supplemental Information

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

Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (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
PORT HURON HOSPITAL

Employer identification number
38-1369611

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBER SHALL HAVE THE EXCLUSIVE RIGHT TO APPOINT AND REMOVE MEMBERS OF THE BOARD OF TRUSTEES
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 WAS PROVIDED TO THE BOARD FOR REVIEW PRIOR TO FILING
FORM 990, PART VI, SECTION B, LINE 12C	ALL TRUSTEES AND DIRECTORS ANNUALLY COMPLETE THE CONFLICT OF INTEREST POLICY THE GOVERNAN CE REVIEWS THE CONLFICT OF INTEREST POLICY ANNUALLY AND DISCLOSES ANY POTENTIAL CONFLICTS AT THAT TIME ANY PERCEIVED OR POTENTIAL CONFLICTS ARE SHARED WITH THE BOARD CHAIR AND VIC E-CHAIR FOR ANY DISCUSSION OR ACTION IF A CONFLICT SHOULD ARISE
FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE COMPENSATION COMMITTEE IS A SUBCOMMITTEE OF THE BOARD OF DIRECTORS RESPONSIB LE FOR ANNUALLY EVALUATING THE PERFORMANCE AND COMPENSATION OF THE CHIEF EXECUTIVE OF THE CORPORATION THEY ARE RESPONSIBLE FOR ENSURING PORT HURON HOSPITAL CAN ATTRACT, RETAIN AND MOTIVATE TALENTED EXECUTIVES WHO ARE ENTRUSTED TO ACHIEVE PERFORMANCE OBJECTIVES AND TO F ULFILL THE HOSPITAL'S MISSION THE COMMITTEE UTILIZES THE SERVICES OF AN INDEPENDENT CONSU LTANT TO ANALYZE TOTAL REMUNERATION AND COMPARATIVE STUDIES TO ENSURE TOTAL COMPENSATION I S REASONABLE AND COMPETITIVE THE MOST RECENT YEAR THIS PROCESS WAS UNDERTAKEN WAS FISCAL YEAR 2014
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS ARE AVAILABLE UPON REQUEST
FORM 990, PART VII, LINE 1A	COMPENSATION PAID BY MCLAREN HEALTH CARE CORPORATION (MHCC) IS NOT REQUIRED TO BE REPORTED ON THE RETURN SINCE MHCC WAS ONLY RELATED TO THE FILING ORGANIZATION FOR A PORTION OF THE TAX YEAR WHICH DID NOT INCLUDE ANY TIME DURING CALENDAR YEAR 2013
FORM 990, PART IX, LINE 11G	OTHER PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 6,861,003 MANAGEMENT AND GENERAL EXPENS ES 11,404,955 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 18,265,958
FORM 990, PART XI, LINE 9	CHANGE IN ADDITIONAL MINIMUM PENSION LIABILITY -16,081,242 TRANSFERS TO RELATED ORGANIZATIONS -637,023
FORM 990, PART IV, LINE 20B	THE AUDITED FINANCIAL STATEMENTS FOR SEPTEMBER 30, 2014 ARE ATTACHED AS THERE WAS NO AUDIT CONDUCTED FOR THE JUNE 30, 2014 FISCAL YEAR END

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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
PORT HURON HOSPITAL

Employer identification number
38-1369611

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(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) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

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

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: 38-1369611
Name: PORT HURON HOSPITAL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) BLUE WATER HEALTH SERVICES CORPORATION 1221 PINE GROVE AVENUE PORT HURON, MI 48060 38-2453295	MANAGEMENT CORP	MI	501(C)(3)	LINE 9	N/A		No
(1) PORT HURON HOSPITAL FOUNDATION PO BOX 5011 PORT HURON, MI 48061 38-2777750	SUPPORTING ORG	MI	501(C)(3)	LINE 11A, I	PORT HURON HOSPITAL	Yes	
(2) MARWOOD MANOR NURSING HOME PO BOX 5011 PORT HURON, MI 48061 38-2683251	NURSING HOME	MI	501(C)(3)	LINE 9	PORT HURON HOSPITAL	Yes	
(3) PARKVIEW PROPERTY MANAGEMENT CORP PO BOX 5011 PORT HURON, MI 48061 38-2467310	MANAGEMENT CORP	MI	501(C)(3)	LINE 11A, I	PORT HURON HOSPITAL	Yes	
(4) MCLAREN HEALTH CARE CORPORATION 401 S BALLENGER HIGHWAY FLINT, MI 48532 38-2397643	SUPPORTING ORG	MI	501(C)(3)	LINE 11A, I	N/A		No
(5) GREAT LAKES CANCER INSTITUTE 401 S BALLENGER HIGHWAY FLINT, MI 48532 38-3584572	CANCER CARE CENTER	MI	501(C)(3)	LINE 7	MCLAREN HEALTH CARE CORPORATION	Yes	
(6) MCLAREN HEALTH CARE VILLAGE FOUNDATION 401 S BALLENGER HIGHWAY FLINT, MI 48532 26-2693350	SUPPORTING ORG	MI	501(C)(3)	LINE 11A, I	MCLAREN HEALTH CARE CORPORATION	Yes	
(7) MCLAREN HOSPITALITY HOUSE 401 S BALLENGER HIGHWAY FLINT, MI 48532 45-5567669	HOSPITALITY HOUSE	MI	501(C)(3)	LINE 7	MCLAREN HEALTH CARE CORPORATION	Yes	
(8) MCLAREN REGIONAL MEDICAL CENTER 401 S BALLENGER HIGHWAY FLINT, MI 48532 38-2383119	HOSPITAL	MI	501(C)(3)	LINE 3	MCLAREN HEALTH CARE CORPORATION	Yes	
(9) WOMENS HOSPITAL ASSOCIATION OF FLINT 401 S BALLENGER HIGHWAY FLINT, MI 48532 38-1358053	SUPPORTING ORG	MI	501(C)(3)	LINE 11A, I	MCLAREN HEALTH CARE CORPORATION	Yes	
(10) LAPEER REGIONAL MEDICAL CENTER 1375 N MAIN ST LAPEER, MI 48446 38-2689033	HOSPITAL	MI	501(C)(3)	LINE 3	MCLAREN HEALTH CARE CORPORATION	Yes	
(11) LAPEER REGIONAL MEDICAL CENTER FOUNDATION 1375 N MAIN ST LAPEER, MI 48446 38-2689603	FOUNDATION	MI	501(C)(3)	LINE 11A, I	LAPEER REGIONAL MEDICAL CENTER	Yes	
(12) INGHAM REGIONAL MEDICAL CENTER 401 S GREENLAWN AVE LANSING, MI 48910 38-1434090	HOSPITAL	MI	501(C)(3)	LINE 3	MCLAREN HEALTH CARE CORPORATION	Yes	
(13) IGHAM REGIONAL HEALTHCARE FOUNDATION 401 S GREENLAWN AVE LANSING, MI 48910 38-2463637	FOUNDATION	MI	501(C)(3)	LINE 7	INGHAM REGIONAL MEDICAL CENTER	Yes	
(14) BAY REGIONAL MEDICAL CENTER 1900 COLUMBUS AVE BAY CITY, MI 48708 38-1976271	HOSPITAL	MI	501(C)(3)	LINE 3	MCLAREN HEALTH CARE CORPORATION	Yes	
(15) BAY SPECIAL CARE HOSPITAL 1900 COLUMBUS AVE BAY CITY, MI 48708 38-3161753	HOSPITAL	MI	501(C)(3)	LINE 3	BAY REGIONAL MEDICAL CENTER	Yes	
(16) BAY MEDICAL FOUNDATION 1900 COLUMBUS AVE BAY CITY, MI 48708 38-2156534	FOUNDATION	MI	501(C)(3)	LINE 11A, I	BAY REGIONAL MEDICAL CENTER	Yes	
(17) MOUNT CLEMENS REGIONAL MEDICAL CENTER 1000 HARRINGTION MOUNT CLEMENS, MI 48043 38-1218516	HOSPITAL	MI	501(C)(3)	LINE 3	MCLAREN HEALTH CARE CORPORATION	Yes	
(18) MOUNT CLEMENS REGIONAL HEALTHCARE FOUNDATION PO BOX 326 MOUNT CLEMENS, MI 48046 38-2578873	FOUNDATION	MI	501(C)(3)	LINE 9	MOUNT CLEMENS REGIONAL MEDICAL CENTER	Yes	
(19) POH REGIONAL MEDICAL CENTER 50 NORTH PERRY STREET PONTIAC, MI 48342 38-1428164	HOSPITAL	MI	501(C)(3)	LINE 3	MCLAREN HEALTH CARE CORPORATION	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(21) POH RILEY FOUNDATION 50 NORTH PERRY STREET PONTIAC, MI 48342 20-0442217	FOUNDATION	MI	501(C)(3)	LINE 11C, III-FI	POH REGIONAL MEDICAL CENTER	Yes	
(1) CENTRAL MICHIGAN COMMUNITY HOSPITAL 1221 SOUTH DRIVE MT PLEASANT, MI 48858 38-1420304	HOSPITAL	MI	501(C)(3)	LINE 3	MCLAREN HEALTH CARE CORPORATION	Yes	
(2) CENTRAL MICHIGAN COMMUNITY HOSPITAL RADIATION ONCOLOGY 1000 HARRINGTION MT PLEASANT, MI 48858 30-0312172	HOSPITAL	MI	501(C)(3)	LINE 3	MCLAREN HEALTH CARE CORPORATION	Yes	
(3) MCLAREN MEDICAL MANAGEMENT INC 401 S BALLENGER HIGHWAY FLINT, MI 48532 38-2988086	MANAGEMENT COMPANY	MI	501(C)(3)	LINE 11A, I	MCLAREN HEALTH CARE CORPORATION	Yes	
(4) VISITING NURSE SERVICE OF MICHIGAN 401 S BALLENGER HIGHWAY FLINT, MI 48532 38-3491714	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 9	MCLAREN HEALTH CARE CORPORATION	Yes	
(5) MCLAREN NORTHERN MICHIGAN 416 CONNALE AVENUE PETOSKEY, MI 49770 38-2146751	ACUTE CARE HOSPITAL	MI	501(C)(3)	LINE 3	MCLAREN NORTHERN MICHIGAN	Yes	
(6) VITALCARE INC 761 LAFAYETTE AVENUE CHEBOYGAN, MI 49721 38-2527255	HOSPICE CARE/HOME HEALTH SERVICES	MI	501(C)(3)	LINE 9	MCLAREN NORTHERN MICHIGAN	Yes	
(7) NORTHERN MICHIGAN REGIONAL HEALTH SYSTEM FOUNDATION 360 CONNABLE AVENUE PETOSKEY, MI 49770 38-2445611	FUNDRAISING	MI	501(C)(3)	LINE 11A, I	MCLAREN NORTHERN MICHIGAN	Yes	
(8) THE CARDIAC INSTITUTE DBA MICHIGAN HEART & VASCULAR SPECIALISTS 416 CONNALE AVENUE PETOSKEY, MI 49770 26-2774689	PHYSICIAN PRACTICE	MI	501(C)(3)	LINE 3	MCLAREN NORTHERN MICHIGAN	Yes	
(9) NORTHERN MICHIGAN MEDICAL MANAGEMENT 416 CONNALE AVENUE PETOSKEY, MI 49770 20-8458840	PHYSICIAN PRACTICE	MI	501(C)(3)	LINE 3	MCLAREN NORTHERN MICHIGAN	Yes	
(10) NORTHERN MICHIGAN HEMATOLOGY & ONCOLOGY 416 CONNALE AVENUE PETOSKEY, MI 49770 21-0020293	PHYSICIAN PRACTICE	MI	501(C)(3)	LINE 3	MCLAREN NORTHERN MICHIGAN	Yes	
(11) PETOSKEY COMMUNITY FREE CLINIC 416 CONNALE AVENUE PETOSKEY, MI 49770 20-3675817	HEALTH SERVICES	MI	501(C)(3)	LINE 3	MCLAREN NORTHERN MICHIGAN	Yes	
(12) CHARLEVOIX NURSING HOME CORPORATION 14676 WEST UPRIGHT CHARLEVOIX, MI 49720 38-3038683	SKILLED NURSING FACILITY	MI	501(C)(3)	LINE 9	NORTHER MICHIGAN REGIONAL HEALTH SYSTEM	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
PORT HURON HOSPITAL FOUNDATION	C	681,615	CASH
PORT HURON HOSPITAL FOUNDATION	L	58,112	ALLOCATION OF COST
PARKVIEW PROPERTY MANAGEMENT CORP	L	36,428	ALLOCATION OF COST
MARWOOD MANOR NURSING HOME	L	115,248	ALLOCATION OF COST
WILLOW ENTERPRISES	L	79,759	ALLOCATION OF COST
WILLOW ENTERPRISES	K	62,148	ALLOCATION OF COST
WILLOW ENTERPRISES	O	2,305,103	ALLOCATION OF COST
PARKVIEW PROPERTY MANAGEMENT CORP	O	164,605	ALLOCATION OF COST
WILLOW ENTERPRISES	P	64,453	ALLOCATION OF COST
WILLOW ENTERPRISES	Q	39,989	ALLOCATION OF COST
PORT HURON HOSPITAL FOUNDATION	O	440,598	ALLOCATION OF COST
MARWOOD MANOR NURSING HOME	Q	368,372	ALLOCATION OF COST
PARKVIEW PROPERTY MANAGEMENT CORP	A	10,049	ALLOCATION OF COST
WILLOW ENTERPRISES	J	35,851	ALLOCATION OF COST
PORT HURON HOSPITAL FOUNDATION	R	529,726	CASH
PARKVIEW PROPERTY MANAGEMENT CORP	C	685,909	ALLOCATION OF COST
BLUE WATER HEALTH SERVICES INC	R	107,297	CASH
PARKVIEW PROPERTY MANAGEMENT CORP	K	571,763	ALLOCATION OF COST

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

TY 2013 Category 3 filer statement

Name: PORT HURON HOSPITAL

EIN: 38-1369611

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

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493093005475

TY 2013 Itemized Other Current Liabilities Schedule

Name: PORT HURON HOSPITAL

EIN: 38-1369611

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
CAYMICH INSURANCE COMPANY LTD	98-0128041	DUE TO BROKER	471,432	0

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TY 2013 Itemized Other Assets Schedule

Name: PORT HURON HOSPITAL

EIN: 38-1369611

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
CAYMICH INSURANCE COMPANY LTD	98-0128041	OUTSTANDING LOSS RESERVE RECOVERABLE	27,366,579	22,165,014

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TY 2013 Itemized Other Current Assets Schedule

Name: PORT HURON HOSPITAL

EIN: 38-1369611

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
CAYMICH INSURANCE COMPANY LTD	98-0128041	PREPAID EXPENSES	16,675	23,739
CAYMICH INSURANCE COMPANY LTD	98-0128041	DUE FROM BROKER	387,234	0
CAYMICH INSURANCE COMPANY LTD	98-0128041	INTEREST RECEIVABLE	274,845	218,820
CAYMICH INSURANCE COMPANY LTD	98-0128041	RETURN PREMIUM RECEIVABLE	199,999	259,999
CAYMICH INSURANCE COMPANY LTD	98-0128041	PREMIUMS RECEIVABLE	0	11,006

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TY 2013 Other Deductions Schedule

Name: PORT HURON HOSPITAL

EIN: 38-1369611

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
UNDERWRITING EXPENSES		1,607,330
ADMINISTRATIVE EXPENSES		1,991,484

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493093005475

TY 2013 Itemized Other Investments Schedule

Name: PORT HURON HOSPITAL

EIN: 38-1369611

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
CAYMICH INSURANCE COMPANY LTD	98-0128041	U S GOVERNMENT AND AGENCY SECURITIES	34,113,878	29,501,394
CAYMICH INSURANCE COMPANY LTD	98-0128041	U S CORPORATE FIXED INCOME SECURITIES	10,005,135	8,544,572
CAYMICH INSURANCE COMPANY LTD	98-0128041	EQUITY SECURITIES	19,207,360	18,162,363
CAYMICH INSURANCE COMPANY LTD	98-0128041	NON-US FIXED INCOME SECURITIES	1,125,533	915,613
CAYMICH INSURANCE COMPANY LTD	98-0128041	HIGHBRIDGE LIQUID LOAN OPPORTUNITIES FUND	0	3,087,232

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TY 2013 Itemized Other Liabilities Schedule

Name: PORT HURON HOSPITAL

EIN: 38-1369611

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
CAYMICH INSURANCE COMPANY LTD	98-0128041	OUTSTANDING LOSSES, LOSS ADJUSTMENT EXP	92,624,849	84,843,240

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493093005475

TY 2013 Other Income Statement

Name: PORT HURON HOSPITAL

EIN: 38-1369611

Description	Foreign Amount	Amount
WITHDRAWAL FEE FROM FORMER PARTICIP		75,000

McLaren Port Huron Hospital and Affiliates

Consolidated Financial Report

September 30, 2014

McLaren Port Huron Hospital and Affiliates

Contents

plante moran

Plante & Moran, PLLC
Suite 100
4111 Michigan Ave
East Lansing, MI 48823
Tel: 517.332.6200
Fax: 517.332.8502
plantemoran.com

Independent Auditor's Report

To the Board of Directors
McLaren Port Huron Hospital and Affiliates

We have audited the consolidated financial statements of McLaren Health Care Corporation as of and for the years ended September 30, 2014 and 2013 and have issued our report thereon dated January 6, 2015, which contained an unmodified opinion on those consolidated financial statements.

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying consolidated balance sheet, statement of activities, and statement of changes in net assets of McLaren Port Huron Hospital and Affiliates, a subsidiary of McLaren Health Care Corporation, are presented for the purpose of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

This report is intended solely for the information and use of the board of directors and management of McLaren Port Huron Hospital and Affiliates and is not intended to be and should not be used by anyone other than these specified parties.

Plante & Moran, PLLC

January 6, 2015

McLaren Port Huron Hospital and Affiliates

Consolidated Balance Sheet
September 30, 2014

Assets

Current Assets	
Cash and cash equivalents	$ 35,991,000
Accounts receivable - Net	17,943,000
Other current assets	6,565,000
Total current assets	60,499,000
Property and Equipment - Net	79,775,000
Other Assets	51,802,000
Total assets	**$ 192,076,000**

Liabilities and Net Assets

Current Liabilities	
Current portion of long-term debt	$ 3,776,000
Accounts payable	8,791,000
Estimated third-party payor settlements payable	2,436,000
Accrued liabilities and other	9,445,000
Total current liabilities	24,448,000
Long-term Debt - Net of current portion	32,621,000
Other Liabilities	50,743,000
Total liabilities	107,812,000
Net Assets	
Unrestricted	84,260,000
Temporarily restricted	4,000
Total net assets	84,264,000
Total liabilities and net assets	**$ 192,076,000**

McLaren Port Huron Hospital and Affiliates

Consolidated Statement of Activities
Five Months Ended September 30, 2014

Unrestricted Revenue, Gains, and Other Support	
Total patient service revenue	$ 214,002,000
Revenue deductions	(133,583,000)
Provision for bad debts	(4,653,000)
Net patient service revenue less provision for bad debts	75,766,000
Other	3,915,000
Total unrestricted revenue, gains, and other support	79,681,000
Expenses	
Salaries and wages	34,166,000
Employee benefits and payroll taxes	6,153,000
Operating supplies and expenses	15,608,000
Purchased services	11,084,000
Professional liability costs	(236,000)
Depreciation and amortization	3,540,000
Interest expense	263,000
Other	5,350,000
Total expenses	75,928,000
Operating Income	3,753,000
Nonoperating Income	
Investment income	82,000
Unrealized gain on investments	213,000
Inherent contribution	81,016,000
Total nonoperating income	81,311,000
Excess of Revenue Over Expenses	85,064,000
Transfer from Affiliate	1,852,000
Pension-related Changes Other Than Net Periodic Pension Costs	(2,656,000)
Increase in Unrestricted Net Assets	**$ 84,260,000**

McLaren Port Huron Hospital and Affiliates

Consolidated Statement of Changes in Net Assets
Five Months Ended September 30, 2014

	Unrestricted	Temporarily Restricted	Total
Excess of Revenue over Expenses	$ 85,064,000	$ -	$ 85,064,000
Transfer from Affiliate	1,852,000	-	1,852,000
Inherent Contribution	-	4,000	4,000
Pension-related Changes Other Than Net Periodic Pension Costs	(2,656,000)	-	(2,656,000)
Increase in Net Assets	84,260,000	4,000	84,264,000
Net Assets - September 30, 2014	**$ 84,260,000**	**$ 4,000**	**$ 84,264,000**