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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 04-01-2014 , and ending 03-31-2015

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

C Name of organization
HOLLAND COMMUNITY HOSPITAL

Doing business as
HOLLAND HOSPITAL

Number and street (or P O box if mail is not delivered to street address) Room/suite
602 MICHIGAN AVENUE

City or town, state or province, country, and ZIP or foreign postal code
HOLLAND, MI 49423

D Employer identification number
38-2800065

E Telephone number
(616) 392-5141

G Gross receipts $ 334,166,862

F Name and address of principal officer
DALE SOWDERS
602 MICHIGAN AVENUE
HOLLAND,MI 49423

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 HOLLANDHOSPITAL ORG

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

L Year of formation 1985 **M** State of legal domicile MI

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO CONTINUOUSLY IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE IN THE SPIRIT OF HOPE, RESPECT, COMPASSION AND DIGNITY

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	2,250
6	Total number of volunteers (estimate if necessary)	6	370
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,143,408
b	Net unrelated business taxable income from Form 990-T, line 34	7b	43,668

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,264,629	914,695
	9	Program service revenue (Part VIII, line 2g)	213,061,896	216,763,943
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,848,427	11,020,629
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,056,378	1,525,485
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	220,231,330	230,224,752
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	668,510	668,160
	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)	113,415,052	113,004,807
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶851,597		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	93,229,693	99,369,823
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	207,313,255	213,042,790
	19	Revenue less expenses Subtract line 18 from line 12	12,918,075	17,181,962

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	435,874,826	443,584,093
	21	Total liabilities (Part X, line 26)	117,860,654	113,604,399
	22	Net assets or fund balances Subtract line 21 from line 20	318,014,172	329,979,694

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

****** 2016-02-03
Signature of officer Date

DALE SOWDERS PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
OLIVER JURKOVIC	OLIVER JURKOVIC			P00433694

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

Firm's address ▶ 600 E FRONT ST SUITE 300 TRAVERSE CITY, MI 49686 — Phone no (231) 947-7800

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

TO CONTINUOUSLY IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE IN THE SPIRIT OF HOPE, RESPECT, COMPASSION AND DIGNITY

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 $ 175,807,946 including grants of $ 668,160) (Revenue $ 224,960,156)

HOLLAND COMMUNITY HOSPITAL'S MISSION - TO CONTINUALLY IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE IN THE SPIRIT OF HOPE, COMPASSION, RESPECT AND DIGNITY - IS PRACTICED EVERY DAY BY THE STAFF OF 2,000 HOSPITAL EMPLOYEES AND 300+ MEMBERS OF ITS MEDICAL STAFF WE ARE COMMITTED TO BE THE PREEMINENT STAND-ALONE HOSPITAL IN WEST MICHIGAN AS MEASURED BY BENCHMARK CUSTOMER SERVICE, BUSINESS GROWTH, FINANCIAL PERFORMANCE AND CLINICAL EXCELLENCE WE BASE OUR EFFORTS ON OUR CORE VALUES OF CUSTOMER SERVICE, COMMUNICATION, CREATIVITY, AND COMMITMENT FIRST-RATE QUALITY HOLLAND HOSPITAL IS ONE OF ONLY FIVE MICHIGAN HOSPITALS TO EARN HEALTHGRADE'S 50 BEST HOSPITALS DESIGNATION HEALTHGRADES AMERICA'S 50 BEST HOSPITALS AWARD RECOGNIZES 50 HOSPITALS AS AMONG THE TOP 1% IN THE NATION FOR CONSISTENT CLINICAL EXCELLENCE BASED ON AN ANALYSIS OF RISK-ADJUSTED MORTALITY AND COMPLICATION RATES FOR COMMON PROCEDURES AND CONDITIONS 'TOP 100 HOSPITALS' TEN YEARS AND COUNTING FOR A TENTH CONSECUTIVE YEAR, HOLLAND HOSPITAL EARNED A SPOT IN TRUVEN HEALTH ANALYTICS' TOP 100 HOSPITAL NATIONAL RANKINGS TRUVEN RECOGNIZES THE 100 HIGHEST-SCORING HOSPITALS FROM A TOTAL POOL OF 2,787, INCLUDING NOT-FOR-PROFIT, FOR-PROFIT AND GOVERNMENT INSTITUTIONS SUPERIOR HEART CARE FOR A SEVENTH CONSECUTIVE YEAR, HOLLAND HOSPITAL HAS BEEN RECOGNIZED WITH A GOLD PERFORMANCE ACHIEVEMENT AWARD PRESENTED BY THE AMERICAN COLLEGE OF CARDIOLOGY'S NCDR ACTION REGISTRY HOLLAND HOSPITAL IS ONE OF ONLY 78 HOSPITALS NATIONWIDE TO RECEIVE THE HONOR IN 2015 THE ACTION REGISTRY-GWTG GOLD PERFORMANCE ACHIEVEMENT AWARD RECOGNIZES HOSPITALS THAT HAVE SUSTAINED HIGH PERFORMANCE LEVELS IN THE TREATMENT OF HEART ATTACK PATIENTS FOLLOWING GUIDELINES SET BY THE AMERICAN COLLEGE OF CARDIOLOGY/AMERICAN HEART ASSOCIATION LEADERS IN TECHNOLOGY INFRASTRUCTURE AFTER A YEAR OF PREPARATION, HOLLAND HOSPITAL IMPLEMENTED AN ORGANIZATION-WIDE ELECTRONIC MEDICAL RECORD (EMR) SYSTEM USING CERNER SOFTWARE THIS TRANSITION PROVIDES PATIENTS AND PHYSICIANS WITH QUICK, SECURE ACCESS TO NEEDED HEALTH INFORMATION SPECIFICALLY WITH THE NEW SYSTEM - ALL HEALTH RECORDS ARE IN ONE PLACE, GIVING PROVIDERS ACCESS TO THE INFORMATION THEY NEED, WHEN THEY NEED IT - PROVIDERS CAN VIEW TEST RESULTS AND DOCUMENT VISITS IN REAL-TIME WITHOUT LEAVING THE EXAM ROOM - PATIENT RECORDS ARE ALWAYS UP-TO-DATE THERE IS NO NEED TO FILL OUT FORMS AT EACH VISIT PROVIDERS CAN VERIFY PATIENT ID, MEDICATIONS, AND OTHER VITAL INFORMATION BY SCANNING THE BAR CODE ON THE PATIENT'S WRIST BAND HEALTH INFORMATION IS SECURE AND PASSWORD-PROTECTED EMRS ELIMINATE ERRORS THAT CAN RESULT FROM ILLEGIBLE HANDWRITING OR TRANSFERRING PAPER COPIES SUMMARY OF EFFORTS DURING FISCAL YEAR 2015, HOLLAND HOSPITAL'S 330-MEMBER MEDICAL STAFF, 2,000 EMPLOYEES AND 370 VOLUNTEERS SERVED THE COMMUNITY BY PROVIDING PATIENT DAYS 29,000DISCHARGES 8,100BIRTHS 1,800SURGERIES 15,800OUTPATIENT VISITS 421,500EMERGENCY ROOM VISITS 42,400URGENT CARE VISITS 36,400HOME HEALTH VISITS 41,400LAB TESTS 632,200RADIOLOGY PROCEDURES 102,200BEDS 189COMMUNITY OUTREACH PROGRAMS IMPROVING THE HEALTH OF THE COMMUNITIES WE SERVE MEANS TAKING OUR SERVICES INTO THE COMMUNITY TO OFFER RESIDENTS CONVENIENT ACCESS TO HEALTH PROGRAMS AND EDUCATION AT THE DIRECTION OF THE COMMUNITY OUTREACH COMMITTEE OF THE HOSPITAL BOARD OF DIRECTORS, WE FOCUS OUR OUTREACH EFFORTS ON TARGETED AT RISK POPULATIONS INCLUDING THE UNINSURED/UNDER INSURED, STUDENTS FROM LOW-INCOME FAMILIES, AND TEMPORARILY DISPLACED INDIVIDUALS AND FAMILIES HOLLAND COMMUNITY HEALTH CENTER THE HOLLAND COMMUNITY HEALTH CENTER (HCHC) PROVIDES PRIMARY HEALTH CARE SERVICES FOR PEOPLE WHO ARE UNDER INSURED AND UNINSURED OVER 5,200 PATIENTS RECEIVED THEIR PRIMARY MEDICAL CARE AT THE HCHC THE MAJORITY OF VISITS FOCUS ON WOMEN'S AND CHILDREN'S HEALTH CARE NEEDS, CHRONIC DISEASE MANAGEMENT, AND ELDER CARE EACH YEAR THE HCHC ACQUIRES OVER $500,000 WORTH OF FREE MEDICATIONS FOR PATIENTS WHO CANNOT AFFORD THEM THE SCHOOL NURSING PROGRAM SCHOOL NURSES PROVIDE SERVICES TO HOLLAND PUBLIC, HOLLAND CHRISTIAN, WEST OTTAWA PUBLIC, FENNVILLE PUBLIC AND HAMILTON COMMUNITY SCHOOLS IN SCHOOL YEAR 2014-15 OUR NURSES SERVICED MORE THAN 11,600 STUDENTS WITH 21,144 HEALTH ROOM VISITS, GAVE 21,261 MEDICATION ADMINISTRATIONS DURING THE SCHOOL YEAR AND REFERRED 245 STUDENTS FOR ADDITIONAL MEDICAL DENTAL, VISION, OR SOCIAL CONCERN FAITH COMMUNITY NURSE THE FAITH COMMUNITY NURSE AT THE HOLLAND RESCUE MISSION PROVIDED APPROXIMATELY 700 ONE-ON-ONE CLIENT ENGAGEMENTS LAST YEAR, OFFERING BASIC HEALTH INFORMATION, ASSESSMENT OR ONGOING EDUCATION FOR HEALTH ISSUES AS WELL AS HELPING INDIVIDUALS ACCESS MEDICAL, DENTAL, MENTAL, AND OTHER KINDS OF CARE THE AFFORDABLE CARE ACT, ALONG WITH MICHIGAN'S EXPANDED MEDICAID (HEALTHY MICHIGAN PLAN), ALLOWED MOST WOMEN AT THE MISSION TO GAIN ACCESS TO SOME LEVEL OF INSURANCE EVEN IF THEY WERE EMPLOYED SPORADICALLY OR PART TIME THE FAITH COMMUNITY NURSE HELPED EXPLAIN THESE SERVICES AND HOW THEY WORK COMMUNITY OUTREACH PROGRAMS THE CENTER FOR GOOD HEALTH (CFGH) OFFERS A VARIETY OF EDUCATIONAL CLASSES AND PRESENTATIONS FOR CHILDREN, ADULTS, AND SENIORS IN FY 2015, THE CENTER OFFERED 682 CLASSES AND EVENTS WITH 9,000 PARTICIPANTS IN RESPONSE TO TODAY'S EMPHASIS ON IMPROVING WORKER HEALTH TO BOOST EFFECTIVENESS AND REDUCE HEALTH CARE COSTS, CFGH WORKS WITH MANY AREA BUSINESSES TO PROVIDE WORKSITE WELLNESS PROGRAMS DIRECTLY TO EMPLOYEES FUNDING ACCESS TO HEALTH CARE SERVICES FOR OUR COMMUNITY THE FUND DEVELOPMENT OFFICE AT HOLLAND HOSPITAL RAISES FINANCIAL SUPPORT FOR FOUR IMPORTANT PROGRAMS THE HOLLAND COMMUNITY HEALTH CENTER, THE SCHOOL NURSING PROGRAM, THE FAITH COMMUNITY NURSE, AND THE BREAST CARE FUND FUND DEVELOPMENT IS THE SOLE SOURCE OF COMMUNITY FUNDRAISING FOR THESE PROGRAMS IN FISCAL YEAR 2015, THE FUND DEVELOPMENT RAISED $433,706 UNCOMPENSATED MEDICAL COSTS OUR COMMITMENT TO CARING FOR MEMBERS OF OUR COMMUNITY WHO ARE UNINSURED OR UNDER-INSURED CONTINUES TO BE ONE OF THE BIGGEST FINANCIAL CHALLENGES FOR THE HOSPITAL IN FY 2015, HOLLAND HOSPITAL PROVIDED UN-REIMBURSED CARE TO OUR PATIENTS AT A COST OF $44 6 MILLION, A 6 7 PERCENT INCREASE OVER THE PREVIOUS YEAR IN 2014, THE STATE OF MICHIGAN EXPANDED ITS MEDICAID PROGRAM WITH THE GOAL OF REDUCING THE NUMBER OF RESIDENTS WHO WERE UNINSURED THE EXPANSION WAS ALSO INTENDED TO REDUCE THE LEVEL OF UNCOMPENSATED CARE THAT IMPACTS HOSPITAL BUDGETS HOWEVER, ACCORDING TO THE MICHIGAN HEALTH AND HOSPITAL ASSOCIATION, IT WILL BE ANOTHER YEAR OR MORE BEFORE HOSPITALS KNOW HOW MUCH THAT COST HAS DECREASED IT COULD TAKE EVEN LONGER TO ASSESS WHETHER IT'S DROPPED ENOUGH TO MAKE UP FOR THE CUTS IN FEDERAL REIMBURSEMENTS THAT WERE OUTLINED IN THE AFFORDABLE CARE ACT WITHIN HOLLAND HOSPITAL'S PRIMARY SERVICE AREA,THE 2015 OTTAWA COUNTY COMMUNITY NEEDS ASSESSMENT REVEALED 4 IN 10 LOW INCOME HOUSEHOLDS ARE NOT CONFIDENT NAVIGATING THE HEALTH CARE SYSTEM, 6 IN 10 ADULTS ARE OVERWEIGHT (35 3%) OR OBESE (23 9%), 1 IN 10 ADULTS DO NOT HAVE HEALTH INSURANCE, 11 4% OF THE GENERAL POPULATION DOES NOT HAVE A PRIMARY CARE PHYSICIAN (33% AMONG UNDER-SERVED POPULATIONS)THESE FACTORS SET THE STAGE FOR A PATIENT POPULATION WITH SIGNIFICANT, UNTREATED CHORNIC ILLNESSES WHICH REQUIRE MEDICAL ATTENTION AT A SIGNIFICANT COST TO HOLLAND HOSPITAL 2015 COMMUNITY BENEFIT SUMMARY-$44 6 MILLION TOTAL COMMUNITY BENEFITUNPAID COST OF MEDICAID $11,700,000UNPAID COST OF MEDICARE $15,900,000CHARITY CARE $ 1,300,000 BAD DEBT $10,800,000OTHER COMMUNITY BENEFITS $ 4,900,000FINANCE COMMENT CHARITY IS NOW BEING REPORTED AT COST, IN THE PAST IT WAS REPORTED AT WHAT GROSS CHARGES WOULD HAVE BEEN OTHER COMMUNITY BENEFITS INCLUDE COMMUNITY EDUCATION & OUTREACH PROGRAMS, CASH, IN-KIND DONATIONS & CONTRIBUTIONS, HOLLAND COMMUNITY HEALTH CENTER, STUDENT NURSING PROGRAM, HEALTH PROFESSIONAL EDUCATION & RESEARCH

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** ▶ 175,807,946

Part IV **Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules *(continued)*

		Line	Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		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		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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	143			
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	2,250			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		No
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** 13			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 10			
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**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

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

Section C. Disclosure

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

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, address, and telephone number of the person who possesses the organization's books and records

▶TERRY STEELE

602 MICHIGAN AVE
HOLLAND, MI 49423 (616) 392-5141

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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) DALE M SOWDERS PRESIDENT & CEO	40 00 1 30	X		X				694,094	0	65,732
(2) JAMES STROOP CHAIR	1 00 1 00	X		X				0	0	0
(3) PHIL KONING TREASURER	1 00 1 00	X		X				0	0	0
(4) JANE CLARK SECRETARY	1 00 1 00	X		X				0	0	0
(5) LESLIE BROWN TRUSTEE	1 00 1 00	X						0	0	0
(6) KRIS DEPREE MD TRUSTEE	1 00 1 00	X						0	0	0
(7) TONY YASICK MD TRUSTEE, MEDICAL DIRECTOR	1 00 1 00	X						0	0	0
(8) ROGER GAMACHE TRUSTEE	1 00 1 00	X						0	0	0
(9) CLINT GRIFFIN MD TRUSTEE, CHIEF OF STAFF	1 00 1 00	X						15,785	0	0
(10) DAWN GARCIA WARD TRUSTEE	1 00 1 00	X						0	0	0
(11) MARK STID MD TRUSTEE, PHYSICIAN	5 00 1 00	X						13,051	171,361	19,915
(12) ELIZABETH ROLINSKI TRUSTEE	1 00 1 00	X						0	0	0
(13) JUANITA BOCANEGRA TRUSTEE	1 00 1 00	X						0	0	0
(14) DAVE MASON TRUSTEE - PARTIAL YEAR	1 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) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(15) PATTI VANDORT VP, NURSING & CNO	40 00 0 00			X				296,656	0	43,176
(16) MARK L PAWLAK VP, ANCILLARY SERVICES & Q	40 00 0 00			X				292,403	0	37,309
(17) TERRY L STEELE VP, FINANCE & CFO	40 00 1 30			X				340,680	0	34,639
(18) MICHAEL W MATTHEWS VP, MEDICAL GROUPS	40 00 0 30			X				234,786	0	20,524
(19) CARL H WIERKS MD PHYSICIAN	40 00 0 00					X		600,310	0	22,812
(20) DERICK M JOHNSON DO PHYSICIAN	40 00 0 00					X		599,335	0	24,860
(21) STEPHEN MAUGER DO PHYSICIAN	40 00 0 00					X		543,871	0	24,743
(22) MICHAEL TRAVER PHYSICIAN	40 00 0 00					X		419,180	0	24,743
(23) ROBERT BATES PHYSICIAN	40 00 0 00					X		417,059	0	22,404

		(D)	(E)	(F)
1b	**Sub-Total** . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . ▶	4,467,210	171,361	340,857

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 ▶82

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LAKEWOOD ELZINGA A JOINT VENTURE 86 E 6TH ST HOLLAND, MI 49423	CONSTRUCTION	7,648,154
CERNER PO BOX 412702 KANSAS CITY, MO 64141	SOFTWARE - PURCHASED MAINTENANCE	6,078,373
ARAMARK CORPORATION 12483 COLLECTIONS CENTER DR CHICAGO, IL 60693	HOUSEKEEPING	5,626,982
JOHNSON CONTROLS INC PO BOX 93107 CHICAGO, IL 606733107	CONSTRUCTION	2,613,876
QUADRAMED PO BOX 347188 PITTSBURGH, PA 152514188	SOFTWARE - PURCHASED MAINTENANCE	864,986

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 ▶46

Part VIII Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated campaigns	1a					
b	Membership dues	1b					
c	Fundraising events	1c	128,013				
d	Related organizations	1d	46,380				
e	Government grants (contributions)	1e					
f	All other contributions, gifts, grants, and similar amounts not included above	1f	740,302				
g	Noncash contributions included in lines 1a-1f $						
h	**Total.** Add lines 1a-1f ▶			914,695			

Program Service Revenue

		Business Code	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2a	NET PATIENT SERVICE REVENUE	622110	207,028,179	207,028,179		
b	OTHER RELATED REVENUE	900099	4,824,630	4,824,630		
c	PHARMACY SALES UNDER SEC 340B	446110	2,495,148	2,495,148		
d	EHR MEANINGFUL USE REVENUE	622110	1,272,578	1,272,578		
e	LAB ACTIVITY	621500	1,143,408		1,143,408	
f	All other program service revenue					
g	**Total.** Add lines 2a–2f ▶		216,763,943			

Other Revenue

		(i) Real / (i) Securities	(ii) Personal / (ii) Other	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
3	Investment income (including dividends, interest, and other similar amounts) ▶			2,094,093			2,094,093
4	Income from investment of tax-exempt bond proceeds ▶						
5	Royalties ▶						
		(i) Real	(ii) Personal				
6a	Gross rents	754,548					
b	Less rental expenses	257,403					
c	Rental income or (loss)	497,145					
d	Net rental income or (loss) ▶			497,145	411,800		85,345
		(i) Securities	(ii) Other				
7a	Gross amount from sales of assets other than inventory	112,538,131	30,200				
b	Less cost or other basis and sales expenses	103,530,291	111,504				
c	Gain or (loss)	9,007,840	-81,304				
d	Net gain or (loss) ▶			8,926,536	8,926,536		
8a	Gross income from fundraising events (not including $ 128,013 of contributions reported on line 1c) See Part IV, line 18 . . . a		13,698				
b	Less direct expenses . . . b		13,698				
c	Net income or (loss) from fundraising events ▶			0			
9a	Gross income from gaming activities See Part IV, line 19 . . . a		25,780				
b	Less direct expenses . . . b		29,214				
c	Net income or (loss) from gaming activities ▶			-3,434			-3,434
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	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
11a	CAFETERIA AND HOME MEALS	722210	1,031,774			1,031,774
b						
c						
d	All other revenue					
e	**Total.** Add lines 11a–11d ▶		1,031,774			
12	**Total revenue.** See Instructions ▶		230,224,752	224,958,871	1,143,408	3,207,778

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 domestic organizations and domestic governments See Part IV, line 21	668,160	668,160		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,084,329		2,084,329	
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	89,391,258	75,260,541	13,516,460	614,257
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	838,935	838,935		
9	Other employee benefits	14,358,839	12,028,494	2,152,185	178,160
10	Payroll taxes	6,331,446	5,223,990	1,107,456	
11	Fees for services (non-employees)				
a	Management				
b	Legal	259,237		259,237	
c	Accounting	121,411	14,111	107,300	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	14,788,097	10,441,483	4,342,254	4,360
12	Advertising and promotion	972,853	58,065	914,788	
13	Office expenses	814,768	417,139	397,629	
14	Information technology	4,871,326		4,871,326	
15	Royalties . .				
16	Occupancy	5,075,696	4,585,702	486,634	3,360
17	Travel	321,110	290,883	26,521	3,706
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	255,830	151,030	102,769	2,031
20	Interest	2,232,631	2,232,631		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,244,933	11,693,785	3,549,403	1,745
23	Insurance	609,623	63,434	546,189	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	MEDICAL SUPPLIES & DRUG	37,788,165	37,654,838	132,810	517
b	PROVISION FOR BAD DEBTS	11,096,396	11,096,396		
c	FOOD	1,509,089	1,359,397	148,911	781
d	DUES, LICENSE & SUBS	659,505	407,477	249,999	2,029
e	All other expenses	2,749,153	1,321,455	1,387,047	40,651
25	**Total functional expenses.** Add lines 1 through 24e	213,042,790	175,807,946	36,383,247	851,597
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		18,080,957	1	24,609,432
	2	Savings and temporary cash investments		423,130	2	555,849
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		42,652,916	4	44,684,414
	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			7	
	8	Inventories for sale or use		4,160,838	8	4,307,890
	9	Prepaid expenses and deferred charges		2,854,933	9	4,106,580
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 255,300,124			
	b	Less accumulated depreciation	10b 103,488,696	150,237,227	10c	151,811,428
	11	Investments—publicly traded securities		192,033,075	11	188,048,409
	12	Investments—other securities See Part IV, line 11		20,033,843	12	19,914,997
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		5,397,907	15	5,545,094
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		435,874,826	16	443,584,093
Liabilities	17	Accounts payable and accrued expenses		18,317,771	17	14,041,681
	18	Grants payable			18	
	19	Deferred revenue		220,890	19	220,890
	20	Tax-exempt bond liabilities		82,217,911	20	80,218,738
	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			23	
	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		17,104,082	25	19,123,090
	26	**Total liabilities.** Add lines 17 through 25		117,860,654	26	113,604,399
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		317,145,367	27	329,053,775
	28	Temporarily restricted net assets		283,805	28	340,919
	29	Permanently restricted net assets		585,000	29	585,000
		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		318,014,172	33	329,979,694
	34	Total liabilities and net assets/fund balances		435,874,826	34	443,584,093

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	230,224,752
2	Total expenses (must equal Part IX, column (A), line 25)	2	213,042,790
3	Revenue less expenses Subtract line 2 from line 1	3	17,181,962
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	318,014,172
5	Net unrealized gains (losses) on investments	5	-2,594,160
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	-2,622,280
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	329,979,694

Part XII Financial Statements and Reporting

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

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
HOLLAND COMMUNITY HOSPITAL

Employer identification number
38-2800065

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . ____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) | **14** |

15 Public support percentage for 2013 Schedule A, Part II, line 14 | **15** |

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	**1**		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	**2**		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	**3a**		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	**3b**		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	**3c**		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	**4a**		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.* . . .	**4b**		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	**4c**		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	**5a**		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	**5b**		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	**5c**		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	**6**		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	**7**		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	**8**		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	**9a**		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	**9b**		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	**9c**		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	**10a**		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	**10b**		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	**11c**		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

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

		Yes	No
2 Activities Test **Answer (a) and (b) below.**			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3 Parent of Supported Organizations **Answer (a) and (b) below.**			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	**1**		
2	Recoveries of prior-year distributions	**2**		
3	Other gross income (see instructions)	**3**		
4	Add lines 1 through 3	**4**		
5	Depreciation and depletion	**5**		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7	Other expenses (see instructions)	**7**		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	**8**		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	**1**		
a	Average monthly value of securities	**1a**		
b	Average monthly cash balances	**1b**		
c	Fair market value of other non-exempt-use assets	**1c**		
d	**Total** (add lines 1a, 1b, and 1c)	**1d**		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) ____________			
2	Acquisition indebtedness applicable to non-exempt use assets	**2**		
3	Subtract line 2 from line 1d	**3**		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	**4**		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6	Multiply line 5 by 035	**6**		
7	Recoveries of prior-year distributions	**7**		
8	**Minimum Asset Amount** (add line 7 to line 6)	**8**		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	**1**		
2	Enter 85% of line 1	**2**		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	**3**		
4	Enter greater of line 2 or line 3	**4**		
5	Income tax imposed in prior year	**5**		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i)** **Excess Distributions**	**(ii)** **Underdistributions Pre-2014**	**(iii)** **Distributable Amount for 2014**
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. . . . . . . ______			
b From 2010. . . . . . . ______			
c From 2011. . . . . . . ______			
d From 2012. . . . . . . ______			
e From 2013. . . . . . . ______			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ ______			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. . . . . . . ______			
b From 2011. . . . . . . ______			
c From 2012. . . . . . . ______			
d From 2013. . . . . . . ______			
e From 2014. . . . . . . ______			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493035016066

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

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization	Employer identification number
HOLLAND COMMUNITY HOSPITAL	38-2800065

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		

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

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2011	**(b)** 2012	**(c)** 2013	**(d)** 2014	**(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		13,509
j	Total Add lines 1c through 1i			13,509
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

Return Reference	Explanation
PART II-B, LINE 1	THE HOSPITAL PAYS DUES TO THE MICHIGAN HOSPITAL ASSOCIATION, A PORTION OF WHICH GOES TOWARDS LOBBYING ACTIVITIES

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493035016066

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

OMB No 1545-0047
2014
Open to Public Inspection

Name of the organization
HOLLAND COMMUNITY HOSPITAL

Employer identification number
38-2800065

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 value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

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

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

Part II **Conservation Easements.** Complete if the organization answered "Yes" 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) Revenue 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 Revenue 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, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	585,000	742,098	692,632	695,991	696,468
b Contributions	309,986	185,000	503,956	438,922	640,725
c Net investment earnings, gains, and losses					
d Grants or scholarships	157,018	342,098	454,490	442,281	641,202
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	737,968	585,000	742,098	692,632	695,991

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

a Board designated or quasi-endowment ▶ 0 %

b Permanent endowment ▶ 100 000 %

c Temporarily restricted endowment ▶ 0 %

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

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
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		8,043,721		8,043,721
b Buildings		113,571,118	37,834,511	75,736,607
c Leasehold improvements		3,448,495	1,157,152	2,291,343
d Equipment		118,969,824	64,497,033	54,472,791
e Other		11,266,966		11,266,966
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				151,811,428

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	
PROFESSIONAL LIABILITY INSURANCE	1,905,721
OTHER LONG-TERM LIABILITIES	1,461,531
INTEREST PAYABLE	535,237
LOSSES IN EXCESS OF INVESTMENT IN AFFILIATES	15,220,601
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	19,123,090

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	EARNINGS FROM THE PERMANENT ENDOWMENTS ARE INTENDED FOR GENERAL PURPOSES OF THE HOSPITAL
PART X, LINE 2	THE INTERNAL REVENUE SERVICE HAS RULED THAT THE HOSPITAL, LHPFML, AND LHP ARE TAX-EXEMPT ORGANIZATIONS AS DEFINED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, ACCORDINGLY, NO PROVISION FOR FEDERAL INCOME TAXES HAS BEEN MADE IN THE CONSOLIDATED FINANCIAL STATEMENTS FOR THE HOSPITAL, LHPFML, OR LHP ORT AND BATES ARE SINGLE-MEMBER LIMITED LIABILITY COPRORATIONS, IN WHICH THE ACTIVITY FLOWS THROUGH TO THE HOSPITAL FOR FEDERAL INCOME TAX PURPOSES THE HOSPITAL'S TAX RETURNS ARE NOT SUBJECT OT EXAMINATION BY TAXING AUTHORITIES FOR YEARS BEGINNING PRIOR TO MARCH 31, 2012 THE HOSPITAL HAS ADOPTED ACCOUNTING STANDARDS RELATED TO UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, REVIEWED ALL TAX POSITIONS THE EVALUATED POTENTIAL EXPOSURE RELATED TO UNCERTAIN TAX POSITIONS WAS FOUND TO BE IMMATERIAL

Part XIII **Supplemental Information** ***(continued)***

Return Reference	Explanation

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
HOLLAND COMMUNITY HOSPITAL

Employer identification number
38-2800065

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total . . . . ▶						

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

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

		(a) Event #1 CULINARY CABARET (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	141,711			141,711
	2 Less Contributions	128,013			128,013
	3 Gross income (line 1 minus line 2)	13,698			13,698
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	13,698			13,698
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(13,698)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				0

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			25,780	25,780
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes			23,564	23,564
	4 Rent/facility costs			5,650	5,650
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☑ Yes 95 000 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				29,214
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				-3,434

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

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

b If "No," explain

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

b If "Yes," explain

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

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

13 Indicate the percentage of gaming activities conducted in

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

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

Name ▶ COLLEEN PERDOK

Address ▶ 602 MICHIGAN AVE
HOLLAND, MI 49423

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶ COLLEEN PERDOK

Gaming manager compensation ▶ $ 57

Description of services provided ▶ FUND DEVELOPMENT COORDINATOR

☐ Director/officer ☑ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation
SCHEDULE G, PART III, LINE 16	INCLUDED IN COLLEEN PERDOK'S RESPONSIBILITIES IS THE ROLE OF GAMING MANAGER, HOWEVER, THE AMOUNT OF COMPENSATION ALLOCATED TO THIS ROLE IS MINIMAL

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
HOLLAND COMMUNITY HOSPITAL

Employer identification number
38-2800065

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,368,303		1,368,303	0 680 %
b Medicaid (from Worksheet 3, column a)			28,052,014	19,415,931	8,636,083	4 280 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			29,420,317	19,415,931	10,004,386	4 960 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,677,536	521,510	1,156,026	0 570 %
f Health professions education (from Worksheet 5)			449,000		449,000	0 220 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			686,221		686,221	0 340 %
j **Total.** Other Benefits			2,812,757	521,510	2,291,247	1 130 %
k **Total.** Add lines 7d and 7j			32,233,074	19,937,441	12,295,633	6 090 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development	2		8,318		8,318	0 %
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	3		2,050		2,050	0 %
8 Workforce development	1		259,213		259,213	0 130 %
9 Other						
10 **Total**	6		269,581		269,581	0 130 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	11,096,396		
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	1,501,468		
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	31,490,003
6	Enter Medicare allowable costs of care relating to payments on line 5	6	37,919,103
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-6,429,100

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

			Yes	No
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	1 HOLLAND PHO	COORD RESOURCES FOR ITS MEMBERS FOR THE DELIVERY OF QUALITY HEALTH CARE	50 000 %	0 %	50 000 %
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1 Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group HOLLAND COMMUNITY HOSPITAL

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

			Yes	No
	Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☑ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 14			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) FULL WEBSITE LISTED IN PART V SECTION C			
b	☑ Other website (list url) FULL WEBSITES LISTED IN PART V SECTION C			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 14			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) FULL WEBSITE LISTED IN PART V SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group HOLLAND COMMUNITY HOSPITAL

		Yes	No
Financial Assistance Policy (FAP)			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000% and FPG family income limit for eligibility for discounted care of 300 000000000000%			
b ☐ Income level other than FPG (describe in Section C)			
c ☑ Asset level			
d ☑ Medical indigency			
e ☐ Insurance status			
f ☑ Underinsurance discount			
g ☐ Residency			
h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance?	15	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The FAP was widely available on a website (list url)			
b ☑ The FAP application form was widely available on a website (list url) HTTP //WWW HOLLANDHOSPITAL ORG/PATIENTS -VISITORS/FINANCIAL-ASSISTANCE ASPX			
c ☑ A plain language summary of the FAP was widely available on a website (list url) HTTP //WWW HOLLANDHOSPITAL ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE ASPX			
d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑ Other (describe in Section C)			
Billing and Collections			
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Actions that require a legal or judicial process			
d ☐ Other similar actions (describe in Section C)			
e ☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group HOLLAND COMMUNITY HOSPITAL

			Yes	No
19	Did the hospital facility or other 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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (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)			
f	☐ None of these efforts were made			
	Policy Relating to Emergency Medical Care			
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
	Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used 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 Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See 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? 7

	Name and address	Type of Facility (describe)
1	LAKESHORE HEALTH PARTNERS 602 MICHIGAN AVE HOLLAND,MI 49423	PHYSICIAN OFFICE
2	HH SERVICES - BATES ET AL LLC 602 MICHIGAN AVE HOLLAND,MI 49423	PHYSICIAN OFFICE
3	HH SERVICES - ORT LLC 602 MICHIGAN AVE HOLLAND,MI 49423	PHYSICIAN OFFICE
4	LAKESHORE HEALTH PARTNERS FM LLC 602 MICHIGAN AVE HOLLAND,MI 49423	PHYSICIAN OFFICE
5	HOLLAND HOSPITAL PHYSCIAN CLINIC 602 MICHIGAN AVE HOLLAND,MI 49423	PHYSICIAN OFFICE
6	HOLLAND COMMUNITY HEALTH CENTER 602 MICHIGAN AVE HOLLAND,MI 49423	PHYSICIAN OFFICE
7	LAKESHORE AREA RADIATION & ONCOLOGY CENT 602 MICHIGAN AVE HOLLAND,MI 49423	PHYSICIAN OFFICE
8		
9		
10		

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

Form and Line Reference	Explanation
PART I, LINE 3C	FAMILY INCOME 200 TO 300 PERCENT OF THE FEDERAL POVERTY GUIDELINES QUALIFY FOR DISCOUNTED CARE ON A RATED SCALE

Form and Line Reference	Explanation
PART I, LINE 7	A COST-TO-CHARGE RATIO WAS USED TO COMPLETE THE CHARITY CARE (LINE 7A) AND MEANS-TESTED GOVERNMENT PROGRAMS (LINE 7B) THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2 THAT ACCOMPANIES THE INSTRUCTIONS TO THE SCHEDULE THE HOSPITAL'S COST ACCOUNTING RECORDS WERE USED TO COMPLETE THE COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS (LINE 7E), HEALTH PROFESSIONS EDUCATION (LINE 7F), AND CASH AND IN-KIND CONTRIBUTIONS (LINE 7I) A DIRECT COST AND STEP-DOWN APPROACH WAS USED TO COMPLETE THE SUBSIDIZED HEALTH SERVICES PROGRAMS (LINE 7G)

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $ 11,096,396

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	HOLLAND HOSPITAL SERVES COMMUNITIES THAT ARE DIVERSE IN SIZE, DEMOGRAPHIC MAKEUP AND SOCIO-ECONOMIC LEVELS FOR AT-RISK INDIVIDUALS AND FAMILIES, THE HOSPITAL OFFERS PRIMARY HEALTH CARE SERVICES THROUGH THE HOLLAND COMMUNITY HEALTH CENTER, HOLLAND RESCUE MISSION AND WITHIN FIVE AREA SCHOOL DISTRICTS WITH LARGE STUDENT POPULATIONS WHO QUALIFY FOR FREE OR REDUCED LUNCHES MONTHLY EDUCATIONAL PROGRAMS PROVIDE HEALTH INFORMATION AND ADVICE TO TARGETED AUDIENCES INCLUDING WOMEN AND SENIORS THROUGH ITS WEBSITE AND SOCIAL MEDIA TOOLS, THE HOSPITAL COMMUNICATES KEY HEALTH INFORMATION THROUGHOUT ITS ENTIRE SERVICE AREA AND BEYOND ONGOING COMMUNITY WELLNESS CLASSES AND FREE SCREENINGS PROVIDE EASY ACCESS TO HEALTHY LIFESTYLE ADVICE AND SUPPORT THE HOSPITAL'S PARTNERSHIPS WITH OTHER SERVICES PROVIDERS, LOCAL BUSINESSES, MUNICIPALITIES, CHURCHES AND SOCIAL AGENCIES BUILDS UPON THE HOSPITAL'S DAY-TO-DAY EFFORTS TO IMPROVE THE HEALTH THE COMMUNITIES IT SERVES

Form and Line Reference	Explanation
PART III, LINE 2	THIS IS THE BAD DEBT EXPENSE REPORTED ON FORM 990, PART IX

Form and Line Reference	Explanation
PART III, LINE 3	THE HOSPITAL MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CARE IT PROVIDES THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FORGONE FOR SERVICES AND SUPPLIES FURNISHED UNDER ITS CHARITY CARE POLICY THERE IS A POTENTIAL THAT SOME ACCOUNTS WRITTEN OFF AS BAD DEBTS COULD HAVE BEEN ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY, HOWEVER, DUE TO INADEQUATE APPLICATIONS FILED OR NEVER RETURNED THEY GET WRITTEN OFF TO BAD DEBTS INSTEAD THE ESTIMATED AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY WAS APPROXIMATELY $1,501,468 THIS WAS DERIVED BY REVIEWING NOTES ON FILES FOR POTENTIAL CHARITY CARE CASES FOR THE LAST QUARTER OF THE YEAR AND APPLYING THAT AVERAGE TO THE TOTAL POPULATION

Form and Line Reference	Explanation
PART III, LINE 4	ACCOUNTS RECEIVABLE FINANCIAL STATEMENT FOOTNOTE ACCOUNTS RECEIVABLE FOR PATIENTS, INSURANCE COMPANIES, AND GOVERNMENTAL AGENCIES ARE BASED ON GROSS CHARGES AN ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS AND INTERIM PAYMENT ADVANCES IS BASED ON EXPECTED PAYMENT RATES FROM PAYORS BASED ON CURRENT REIMBURSEMENT METHODOLOGIES ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IN EVALUATING THE COLLECTIBILITY OF ACCOUNTS RECEIVABLE, THE HOSPITAL ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS MANAGEMENT REGULARLY REVIEWS DATA RELATED TO THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE HOSPITAL ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE HOSPITAL RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES, IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IN THE PERIOD THEY ARE DETERMINED TO BE UNCOLLECTIBLE

Form and Line Reference	Explanation
PART III, LINE 8	COSTING METHODOLOGY IS A COST TO CHARGE RATIO AS DEFINED BY THE IRS 990 INSTRUCTIONS THE SHORTFALL SHOULD BE CONSIDERED A COMMUNITY BENEFIT DUE TO ITS REPRESENTATION OF COST OF A PORTION OF SERVICES PROVIDED TO THE COMMUNITY WITHOUT PAYMENT

Form and Line Reference	Explanation
PART III, LINE 9B	ANY BALANCE DEEMED PATIENT RESPONSIBILITY (AFTER INSURANCE PAYMENT/DETERMINATION AND AFTER ANY APPLICABLE DISCOUNT OR CHARITY) IF NOT PAID WILL RECEIVE A MINIMUM OF 2 STATEMENTS AT DAY 60 AN EARLY OUT AGENCY WORKS THE ACCOUNT FOR HOLLAND HOSPITAL FOR A MINIMUM OF 90 DAYS THE ACCOUNT WILL BE HELD ON HOLLAND HOSPITAL'S "BOOKS" UNTIL IT HAS AGED TO A MINIMUM OF 180 DAYS FROM DISCHARGE AT THIS TIME THE ACCOUNT IS ELIGIBLE AND WILL BE REVIEWED TO BE SENT TO A COLLECTION AGENCY

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINES 5 AND 6	AS PER THE INSTRUCTIONS, SCHEDULE H, PART III, LINES 5 AND 6 ARE DERIVED DIRECTLY FROM THE MEDICARE COST REPORT THOSE MEDICARE COSTS NOT INCLUDED IN THE MEDICARE COST REPORT (MEDICARE ADVANTAGE AND FEE FOR SERVICE PHYSICIANS) ARE SUMMARIZED AS FOLLOWS TOTAL COST $1,964,618TOTAL REIMBURSEMENT $1,289,577COST IN EXCESS OF REIMBURSEMENT $ 675,041

Form and Line Reference	Explanation
PART VI, LINE 2	THE 2015 CHNA WAS CONDUCTED IN COLLABORATION WITH GREATER OTTAWA COUNTY UNITED WAY, HOLLAND HOSPITAL, NORTH OTTAWA COMMUNITY HEALTH SYSTEM, OTTAWA COUNTY DEPARTMENT OF PUBLIC HEALTH, OTTAWA COUNTY COMMUNITY MENTAL HEALTH AND SPECTRUM HEALTH ZEELAND COMMUNITY HOSPITAL THE METHODOLOGY USED FOR DATA COLLECTION INCLUDED KEY STAKEHOLDER INTERVIEWS, KEY INFORMANT SURVEY, UNDERSERVED COMMUNITY RESIDENT PAPER SURVEY AND A COMMUNITY RESIDENT TELEPHONIC SURVEY THE RESULTS OF THE CHNA ARE ON THE HOSPITAL'S WEBSITE, IN PRINT AND PRESENTED VIA A COMMUNITY FORUM

Form and Line Reference	Explanation
PART VI, LINE 3	OUR FINANCIAL ASSISTANCE POLICY IS LOCATED ON OUR WEBSITE AT THE POINT OF REGISTRATION, A PATIENT IS OFFERED A BUSINESS CARD WITH INFORMATION ABOUT OUR FINANCIAL ASSISTANCE PROGRAM ALSO, OUR COLLECTORS, CUSTOMER SERVICE EMPLOYEES, OR ANY OTHER HOLLAND HOSPITAL EMPLOYEE WITH WHOM THE PATIENT MIGHT HAVE CONTACT, OUR MEDICAID ELIGIBILITY VENDOR, AND THE EARLY OUT AGENCIES INFORM PATIENTS OF THE FINANCIAL ASSISTANCE POLICY ALL OF THE ABOVE MENTIONED SOURCES MAIL FINANCIAL ASSISTANCE APPLICATIONS TO THE PATIENTS FOR CONVENIENCE UPON REQUEST INFORMATION ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE IS POSTED IN THE FACILITY'S WAITING ROOMS

Form and Line Reference	Explanation
PART VI, LINE 4	HOLLAND HOSPITAL'S PRIMARY SERVICE AREA (PSA) CONSISTS OF EIGHT ZIP CODES THAT FALL WITHIN ALLEGAN AND OTTAWA COUNTIES OF WEST MICHIGAN (POPULATION 150,675) OUR EXTENDED SERVICE AREA (ESA) OR SECONDARY SERVICE AREA CONSISTS OF FOUR MORE ZIPS TO THE NORTH, EAST, AND SOUTH OF THE HOSPITAL (POPULATION 94,449) IN OTTAWA COUNTY, THE RACIAL DEMOGRAPHIC BREAK DOWN IS 85 2% (WHITE), 9 0% (HISPANIC), 2 8% (ASIAN), 1 7% (AFRICAN AMERICAN), 0 6% (NATIVE AMERICAN), AND <0 1% (PACIFIC ISLANDER) IN THE CITY OF HOLLAND WHERE HOLLAND HOSPITAL IS LOCATED, THERE IS A SIGNIFICANTLY HIGHER PERCENTAGE OF HISPANIC INDIVIDUALS WITH THE RACIAL DEMOGRAPHIC BREAK DOWN OF 68 9% (WHITE), 22 7% (HISPANIC), 3 0% (ASIAN), 3 6% (AFRICAN AMERICAN), 0 6% (NATIVE AMERICAN), AND <0 1% (PACIFIC ISLANDER) ACCORDING TO 2010 CENSUS DATA, THE POPULATION OF OTTAWA COUNTY WAS SPREAD OUT WITH 28 70% UNDER THE AGE OF 18, 11 90% FROM 18 TO 24, 29 30% FROM 25 TO 44, 20 00% FROM 45 TO 64, AND 10 10% WHO WERE 65 YEARS OF AGE OR OLDER THE MEDIAN AGE WAS 32 YEARS THE MEDIAN INCOME FOR A HOUSEHOLD IN THE COUNTY WAS $52,347, AND THE MEDIAN INCOME FOR A FAMILY WAS $59,896 MALES HAD A MEDIAN INCOME OF $42,180 VERSUS $27,706 FOR FEMALES THE PER CAPITA INCOME FOR THE COUNTY WAS $21,676 ABOUT 3 10% OF FAMILIES AND 5 50% OF THE POPULATION WERE BELOW THE POVERTY LINE, INCLUDING 4 70% OF THOSE UNDER THE AGE 18 AND 4 90% OF THOSE AT AGE 65 OR OVER

Form and Line Reference	Explanation
PART VI, LINE 5	HOLLAND HOSPITAL'S BOARD OF DIRECTORS IS COMPRISED OF REPRESENTATIVES FROM DIFFERENT GEOGRAPHIC SECTORS OF THE HOSPITAL'S PRIMARY SERVICE AREA (PSA), AS WELL AS REPRESENTATIVES FROM BUSINESS AND INDUSTRY, MEDICAL STAFF, AND AT-LARGE MEMBERS THE HOSPITAL BOARD AND MEDICAL STAFF LEADERSHIP, USING AN ONBOARDING PROCESS, CONSIDERS ALL REQUESTS FROM NEW AND ACTIVE PHYSICIANS SEEKING PRIVILEGES TO PRACTICE AT HOLLAND HOSPITAL THE HOSPITAL'S INVESTMENT TO IMPROVE PATIENT CARE TAKES SEVERAL FORMS IN 2014, HOLLAND HOSPITAL INVESTED MILLIONS OF DOLLARS IN UPGRADES TO ITS ELECTRONIC HEALTH RECORDS SYSTEM TO IMPROVE PATIENT SAFETY AND ENHANCE THE EFFICIENCY OF RECORDING/ACCESSING OF PATIENT MEDICAL INFORMATION ADDITIONAL, THE HOSPITAL CONSTRUCTED A MEDICAL OFFICE BUILDING TO HELP ASSURE THE ACCESSIBILITY TO CARDIOLOGISTS AND CARDIOVASCULAR CARE FOR RESIDENTS IN THE GREATER HOLLAND AREA THE HOSPITAL CONTINUES TO CONTRIBUTE IN EXCESS OF $1 MILLION PER YEAR IN COMMUNITY OUTREACH INITIATIVES THAT BRING PRIMARY CARE SERVICES TO THE MOST AT-RISK POPULATIONS FREE COMMUNITY EDUCATIONAL OPPORTUNITIES ARE PROVIDED ON A CONTINUAL BASIS THROUGH PHYSICIAN PRESENTATIONS, RADIO/TELEVISION/PRINT/WEB APPEARANCES, AND IN PARTNERSHIP WITH OTHER HEALTH CARE PROVIDERS

Form and Line Reference	Explanation
PART VI, LINE 6	NOT AFFILIATED

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

Additional Data

Software ID:
Software Version:
EIN: 38-2800065
Name: HOLLAND COMMUNITY HOSPITAL

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

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

Form and Line Reference	Explanation
HOLLAND COMMUNITY HOSPITAL	PART V, SECTION B, LINE 3J THE NEEDS ASSESSMENT DESCRIBED THE COMMUNITIES STRENGTHS AND OPPORTUNITIES REGARDING QUAILITY OF LIFE, OVERALL HEALTH, HEALTH BEHAVIORS, AND HEALTH CARE THE TWO BROAD THEMES WHICH EMERGED FROM THE REPORT WERE THE DIRECT RELATIONSHIP BETWEEN HEALTH OUTCOMES AND INCOME/EDUCATION, AND THE EXISTANCE OF CHALLENGED SUBGROUPS WITHIN THE POPULATION IDENTIFIED AREAS FOR OPPORTUNITIES INCLUDED ACCESS TO HEALTHCARE FOR THOSE WITH PUBLIC HEALTH INSURANCE AND IMPROVED CARE FOR THOSE WITH CHRONIC DISEASE, ESPECIALLY DIABETES

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

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

Form and Line Reference	Explanation
HOLLAND COMMUNITY HOSPITAL	PART V, SECTION B, LINE 5 EXISTING DATA WAS REVIEWED, INCLUDING THE NUMBER OF VISITS TO HEALTH CARE PROGRAMS AND FACILITIES, THE TYPES OF VISITS, POTENTIAL CAUSES, AND OTHER RELATED INFORMATION IN ADDITION, MORE THAN 1,200 COMMUNITY MEMBERS WERE SURVEYED TO GATHER INFORMATION ABOUT THEIR PERSONAL HEALTH AND WELL-BEING, HEALTH-RELATED BEHAVIORS AND RISKS FOR DISEASES COMMUNITY FOCUS GROUPS WERE ALSO HELD TO DISCUSS THE PERCEPTION OF NEEDS THEY ALSO INTERVIEWED AND/OR SURVEYED 45 HEALTH CARE PROVIDERS OR KEY INFORMANTS TO PROVIDE INPUT IN REGARDS TO COMMUNITY HEALTH NEEDS

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

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

Form and Line Reference	Explanation
HOLLAND COMMUNITY HOSPITAL	PART V, SECTION B, LINE 6A NORTH OTTAWA COMMUNITY HEALTH SYSTEM & SPECTRUM HEALTH ZEELAND COMMUNITY HOSPITAL

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

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

Form and Line Reference	Explanation
HOLLAND COMMUNITY HOSPITAL	PART V, SECTION B, LINE 7D HTTP //WWW HOLLANDHOSPITAL ORG/UPLOADS/PUBLIC /DOCUMENTS/COMMUNITY/2014_2015_OCCHNA_2 PDFHTTP //WWW MIOTTAWA ORG/HEALTH/OCHD/PDF/2014_2015_OCCHNA PDFHTTP //WWW NOCH ORG/UPLOADEDFILES/2014_2015_CHNA% 20SUMMARY_05212015 PDFHTTP //WWW SPECTRUMHEALTH ORG/DOCUMENTS/HEALTHIERCOMM/SH% 20ZEELAND%20% 28OTTAWA%20COUNTY%29%202015%20CHNA PDFAVAILABLE UPON REQUEST FROM THE HOSPITAL FACILITY PRINT COPIES WERE MADE AVAILABLE TO VARIOUS LOCATIONS AND INDIVIDUALS INCLUDING THE COMMUNITY OUTREACH COMMITTEE OF THE HOLLAND HOSPITAL BOARD PART V, SECTION B, LINE 10A HTTP //WWW HOLLANDHOSPITAL ORG/UPLOADS/PUBLIC/DOCUMENTS/COMMUNITY/CHIP PDF

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

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

Form and Line Reference	Explanation
HOLLAND COMMUNITY HOSPITAL	PART V, SECTION B, LINE 11 HOLLAND HOSPITAL, IN COLLABORATION WITH THE OTHER HOSPITALS, COUNTY HEALTH DEPARTMENT, COMMUNITY MENTAL HEALTH AND DOZENS OF HEALTH & HUMAN SERVICE AGENCIES, HAS SPENT THE LAST SEVEN MONTHS DEVELOPING A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) THE CHIP DOCUMENT (POSTED ON HOLLAND HOSPITAL'S WEBSITE) IS OUR STRATEGY/ACTION PLAN TO ADDRESS THE THREE MOST SIGNIFICANT NEEDS IDENTIFIED IN THE CHNA ACCESS TO HEALTH, BEHAVIORAL HEALTH, AND HEALTHY BEHAVIORS THE ACTIONS STEPS OUTLINED IN THE CHIP WILL BEGIN IN JANUARY, 2016 PROGRESS WILL BE MEASURED EVERY SIX MONTHS HTTP //WWW HOLLANDHOSPITAL ORG/UPLOADS/PUBLIC/DOCUMENTS/COMMUNITY/CHIP PDF

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

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

Form and Line Reference	Explanation
HOLLAND COMMUNITY HOSPITAL	PART V, SECTION B, LINE 16I THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE HOSPITAL'S WEBSITE ALONG WITH A FINANCIAL ASSISTANCE APPLICATION (ENGLISH AND SPANISH) INFORMATION ON THE AVAILABILITY OF FINANCIAL ASSISTANCE IS POSTED IN THE FACILITY'S WAITING ROOMS, AS WELL AS OUTLINED ON A BUSINESS CARD GIVEN TO ALL PATIENTS AT REGISTRATION

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16	FINANCIAL ASSISTANCE POLICY WEBSITE AVAILABILITY

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

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

Form and Line Reference	Explanation
HOLLAND COMMUNITY HOSPITAL PART V, SECTION B, LINE 16B WEBSITE	HTTP //WWW HOLLANDHOSPITAL ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE ASPX

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

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

Form and Line Reference	Explanation
HOLLAND COMMUNITY HOSPITAL PART V, SECTION B, LINE 16C WEBSITE	HTTP //WWW HOLLANDHOSPITAL ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE ASPX

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
HOLLAND COMMUNITY HOSPITAL

Employer identification number
38-2800065

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) COMMUNITY HEALTH CENTER 602 MICHIGAN AVENUE HOLLAND,MI 49423	20-0602574	501(C)(3)	663,660		N/A	N/A	OPERATIONAL CASH FLOW TO BREAK-EVEN

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

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

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

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

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

Return Reference	**Explanation**
PART I, LINE 2	THE HOSPITAL RECEIVES THEIR MONTHLY INTERNAL FINANCIALS AND A COPY OF THE AUDITED STATEMENTS ANNUALLY HOLLAND HOSPITAL IS FUNDING, IN PART, THE OPERATIONS OF THE ABOVE MENTIONED CLINIC, WHICH IS A SIGNIFICANT COMMUNITY BENEFIT

Schedule J (Form 990)

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
HOLLAND COMMUNITY HOSPITAL

Employer identification number
38-2800065

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**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations 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? If "Yes," to line 5a or 5b, describe in Part III	**5b**		No
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? If "Yes," to line 6a or 6b, describe in Part III	**6b**		No
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 in column(B) 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 4B	DALE SOWDERS PARTICIPATED IN A 457(F) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THE SERP IS DESIGNED TO PROVIDE THE PARTICIPANT WITH A TARGET BENEFIT FOR LIFE BEGINNING AT THE PARTICIPANTS ATTAINMENT OF AGE 65 EQUAL TO 60 PERCENT OF THE PARTICIPANTS FINAL AVERAGE COMPENSATION, OFFSET BY THE PARTICIPANTS SOCIAL SECURITY BENEFIT AND 401(K) SAVINGS PLAN EMPLOYER CONTRIBUTION EQUIVALENT CONTRIBUTIONS MADE TO THE SERP ARE INCLUDED IN PART II, COLUMN (C) NO PAYMENTS WERE MADE IN 2014

Additional Data

Software ID:
Software Version:
EIN: 38-2800065
Name: HOLLAND COMMUNITY HOSPITAL

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

(A) Name and Title		(B)(i) Base Compensation	(B)(ii) Bonus & incentive compensation	(B)(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
DALE M SOWDERS, PRESIDENT & CEO	(i)	531,696	114,059	48,339	47,210	18,522	759,826	0
	(ii)	0	0	0	0	0	0	0
MARK STID MD, TRUSTEE, PHYSICIAN	(i)	3,176	0	9,875	270	0	13,321	0
	(ii)	145,390	16,627	9,344	3,395	16,250	191,006	0
PATTI VANDORT, VP, NURSING & CNO	(i)	229,975	36,319	30,362	28,300	14,876	339,832	0
	(ii)	0	0	0	0	0	0	0
MARK L PAWLAK, VP, ANCILLARY SERVICES & Q	(i)	222,480	35,135	34,788	28,401	8,908	329,712	0
	(ii)	0	0	0	0	0	0	0
TERRY L STEELE, VP, FINANCE & CFO	(i)	273,823	37,970	28,887	23,599	11,040	375,319	0
	(ii)	0	0	0	0	0	0	0
MICHAEL W MATTHEWS, VP, MEDICAL GROUPS	(i)	190,666	29,561	14,559	4,861	15,663	255,310	0
	(ii)	0	0	0	0	0	0	0
CARL H WIERKS MD, PHYSICIAN	(i)	588,692	0	11,618	6,782	16,030	623,122	0
	(ii)	0	0	0	0	0	0	0
DERICK M JOHNSON DO, PHYSICIAN	(i)	588,692	0	10,643	7,800	17,060	624,195	0
	(ii)	0	0	0	0	0	0	0
STEPHEN MAUGER DO, PHYSICIAN	(i)	270,000	257,338	16,533	7,800	16,943	568,614	0
	(ii)	0	0	0	0	0	0	0
MICHAEL TRAVER, PHYSICIAN	(i)	402,926	956	15,298	7,800	16,943	443,923	0
	(ii)	0	0	0	0	0	0	0
ROBERT BATES, PHYSICIAN	(i)	402,926	0	14,133	7,800	14,604	439,463	0
	(ii)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
HOLLAND COMMUNITY HOSPITAL

Employer identification number
38-2800065

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing No
A	MICHIGAN FINANCE AUTHORITY	80-0596186	59465E7A5	08-01-2004	22,000,000	CONSTRUCTION OF NEW BUILDING		X		X		X
B	MICHIGAN FINANCE AUTHORITY	80-0596186	NONEAVAIL	08-11-2010	23,500,000	CONSTRUCTION OF NEW BUILDING		X		X		X
C	MICHIGAN FINANCE AUTHORITY	80-0596186	59447PTK7	02-20-2013	39,641,117	CONSTRUCTION OF NEW BUILDING AND DEFEASANCE OF 2004A BONDS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	22,000,000	23,500,000	39,641,117	
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	225,000		512,903	
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	22,000,000	9,376,581	20,471,662	
11	Other spent proceeds		14,123,419	18,656,552	
12	Other unspent proceeds				
13	Year of substantial completion	2008	2011	2015	

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %			
6	Total of lines 4 and 5	0 %		0 %		0 %			
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
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		X		

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	X			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 "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X		X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K, PART I, ISSUER NAME	THE MICHIGAN FINANCE AUTHORITY IS THE SUCCESSOR IN INTEREST TO THE MICHIGAN STATE HOSPITAL FINANCE AUTHORITY (EIN 38-2889417), PURSUANT TO MICHIGAN EXECUTIVE ORDER 2010-2 EFFECTIVE MAY 30, 2010, ALL THE POWERS, RIGHTS, RESPONSIBILITIES AND DUTIES OF THE MICHIGAN STATE HOSPITAL FINANCE AUTHORITY WERE TRANSFERRED TO THE MICHIGAN FINANCE AUTHORITY PURSUANT TO MICHIGAN EXECUTIVE ORDER 2010-2

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
HOLLAND COMMUNITY HOSPITAL

Employer identification number
38-2800065

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	HOLLAND COMMUNITY HOSPITAL'S CEO AND CFO REVIEW THE FORM 990 PRIOR TO FILING THE CEO THEN SIGNS AND FILES THE FORM 990
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF DIRECTORS, ADMINISTRATION, DIRECTORS AND MANAGERS FILL OUT A CONFLICT OF INTE REST DISCLOSURE FORM ANNUALLY THESE FORMS ARE COLLECTED BY THE COMPLIANCE OFFICE, INVESTI GATED AND THEN MAINTAINED BY HUMAN RESOURCES THE BYLAWS SPECIFICALLY STATE THAT A BOARD M EMBER WHO HAS A CONFLICT OF INTEREST AS TO A MATTER BEFORE THE BOARD SHOULD NOT VOTE OR US E PERSONAL INFLUENCE WITH OTHER BOARD MEMBERS THE MINUTES OF THE BOARD MEETING SHALL DISC LOSE THE MEMBER'S ABSTINENCE FROM VOTING ON THE MATTER
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION USES CONSULTANTS TO REVIEW THE EXECUTIVE COMPENSATION PROGRAM ANNUALLY AN D RECOMMEND UPDATES/INCREASES AS DICTATED BY THE MARKET COMPENSATION IS SET FOR THE PRESI DENT AND CEO, AND EACH VICE PRESIDENT POSITION WITH ESTABLISHED TARGETS USING NATIONAL AND REGIONAL DATA FOR SIMILAR HOSPITALS THIS POLICY IS BOARD APPROVED AND HAS AN ONGOING REV IEW PROCESS WHICH IS COMPARATIVE AND DATA-DRIVEN THE MOST RECENT YEAR THIS PROCESS HAS BE EN UNDERTAKEN IS AUGUST 2015
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS ARE AVAILABLE UPON REQUEST
FORM 990, PART XI, LINE 9	UNREALIZED LOSS IN AFFILIATES -2,622,280
FORM 990, PART XII, LINE 2C	THERE HAS BEEN NO CHANGE IN PROCESS FROM PRIOR YEAR

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
HOLLAND COMMUNITY HOSPITAL

Employer identification number
38-2800065

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HH SERVICES ORT LLC 602 MICHIGAN AVENUE HOLLAND, MI 49423 26-4606759	ORTHOPEDIC PHYSICIAN OFFICE	MI	-1,131,528	136,321	HOLLAND COMMUNITY HOSPITAL
(2) HOLLAND HOSPITAL PHYSICIAN CLINIC 602 MICHIGAN AVENUE HOLLAND, MI 49423 26-3479537	NOT ACTIVE	MI	0	0	HOLLAND COMMUNITY HOSPITAL
(3) HOLLAND SC LLC DBA SURGERY CENTER OF WEST MICHIGAN 602 MICHIGAN AVENUE HOLLAND, MI 49423 20-3200415	NOT ACTIVE	MI	0	0	HOLLAND COMMUNITY HOSPITAL
(4) HH SERVICES - BATES ET AL LLC 602 MICHIGAN AVENUE HOLLAND, MI 49423 26-0396104	UROLOGY PHYSICIAN OFFICE	MI	-929,966	644,796	HOLLAND COMMUNITY HOSPITAL
(5) LAKESHORE HEALTH PARTNERS - FM LLC 602 MICHIGAN AVENUE HOLLAND, MI 49423 27-2647439	FAMILY MEDICINE PHYSICIAN OFFICE	MI	-509,395	146,870	HOLLAND COMMUNITY HOSPITAL

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	No
(1) HOLLAND COMMUNITY HOSPITAL AUTHORITY SELF-INSURANCE TRUST FUND 602 MICHIGAN AVENUE HOLLAND, MI 49423 38-6389385	SUPPORTING ORGANIZATION	MI	501(C)(3)	LINE 11A, I	HOLLAND COMMUNITY HOSPITAL	Yes	
(2) HOLLAND COMMUNITY HOSPITAL AUXILIARY 602 MICHIGAN AVENUE HOLLAND, MI 49423 38-2139025	SUPPORTING ORGANIZATION	MI	501(C)(3)	LINE 11C, III-FI	N/A		No
(3) LAKESHORE HEALTH PARTNERS 602 MICHIGAN AVENUE HOLLAND, MI 49423 26-3518481	ENDOSCOPY SERVICES	MI	501(C)(3)	LINE 11A, I	HOLLAND COMMUNITY HOSPITAL	Yes	

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

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

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

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

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

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

			Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	**1a**	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**		No
k	Lease of facilities, equipment, or other assets from related organization(s)	**1k**		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	**1l**		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	**1m**	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**	Yes	
o	Sharing of paid employees with related organization(s)	**1o**		No
p	Reimbursement paid to related organization(s) for expenses	**1p**		No
q	Reimbursement paid by related organization(s) for expenses	**1q**		No
r	Other transfer of cash or property to related organization(s)	**1r**		No
s	Other transfer of cash or property from related organization(s)	**1s**		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
(1) LAKESHORE HEALTH PARTNERS	M	763,377	CONTRACTS AND TIME TRACKING

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