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SCANNED SEP 1 6 2016

Form 990 — 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

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning OCT 1, 2014 and ending SEP 30, 2015

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

C Name of organization: MCLAREN PORT HURON

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 1221 PINE GROVE AVENUE

Room/suite:

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

F Name and address of principal officer: THOMAS DEFAUW
SAME AS C ABOVE

D Employer identification number: 38-1369611

E Telephone number: 810-987-5000

G Gross receipts $: 189,169,306.

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.MCLAREN.ORG/PORTHURON

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1879

M State of legal domicile: MI

Part I Summary

1	Briefly describe the organization's mission or most significant activities: PROVISION OF ACUTE MEDICAL CARE.		
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	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	1606
6	Total number of volunteers (estimate if necessary)	6	187
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	892,636.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-62,017.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,354,056.	5,900,344.
9	Program service revenue (Part VIII, line 2g)	44,152,212.	175,555,221.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	286,496.	6,664,365.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,494,298.	996,684.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	47,287,062.	189,116,614.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	20,211,682.	81,038,050.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	22,967,844.	86,716,494.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	43,179,526.	167,754,544.
19	Revenue less expenses. Subtract line 18 from line 12	4,107,536.	21,362,070.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	166,551,621.	159,247,647.
21	Total liabilities (Part X, line 26)	100,712,520.	94,803,347.
22	Net assets or fund balances. Subtract line 21 from line 20	65,839,101.	64,444,300.

RECEIVED
AUG 22 2016
OGDEN, UT

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 8/15/16

▶ JOHN LISTON, CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
CAROL LALONDE, CPA	CAROL LALONDE, CPA	08/12/16	☐	P00181637

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

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

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

g. 68

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission

MCLAREN HEALTHCARE, THROUGH ITS SUBSIDIARIES, WILL BE THE BEST VALUE IN HEALTHCARE AS DEFINED BY QUALITY OUTCOMES AND COST.

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 [X] 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 [X] 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 $ 121,676,656. including grants of $ _____) (Revenue $ 174,707,412.)

FOR FISCAL YEAR OCTOBER 1, 2014 TO SEPTEMBER 30, 2015, MCLAREN PORT HURON PROVIDED HEALTH CARE SERVICES TO THE POOR AND TO THE BROADER COMMUNITY FOR WHICH THE COST OF PROVIDING SUCH SERVICES EXCEEDED THE RELATED REVENUE. CHARITY CARE IN THE AMOUNT OF $646,091 WAS PROVIDED DURING THE YEAR. MCLAREN PORT HURON PROVIDED $343,556,216 IN THIRD PARTY DISCOUNTS. IN TOTAL, THIS REPRESENTS 66.2 PERCENT OF THE GROSS PATIENT REVENUE FOR THIS YEAR.

MCLAREN PORT HURON ALSO PROVIDED THE COMMUNITY WITH OPPORTUNITIES TO PARTICIPATE IN NUMEROUS EDUCATIONAL, WELLNESS, SCREENING, AND SUPPORTIVE PROGRAMS AT EITHER NO COST OR AT A NOMINAL CHARGE. THE HOSPITAL PROVIDED A TOTAL OF 331 PROGRAMS TO APPROXIMATELY 277,573

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 ▶ 121,676,656.

SEE SCHEDULE O FOR CONTINUATION(S)

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
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		X
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	X	
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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		X
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		X
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	X	
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		X
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		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		X
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		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
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		X
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		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	

Part IV Checklist of Required Schedules *(continued)*

			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		X
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		X
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	X	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		X
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		X
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		X
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		X
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		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
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		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
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		X
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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
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	X	
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		X
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		X
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	X	

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	87		
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	X	
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	1606		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	X	
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	X	
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		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
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		X
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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
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		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O				
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		X
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 line 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 [X]

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 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	1a	19		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16		
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			X
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			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
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		X	
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			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
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			X

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		X
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		X
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b		X
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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

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

[ ] Own website [ ] Another's website [X] 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 ▶

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

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, and 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 line)	(C) Position (do not check more than one box unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MONA ARMSTRONG	3.00									
CHAIRMAN	0.00	X		X				0.	0.	0.
(2) JOHN OGDEN	3.00									
VICE-CHAIRMAN	0.00	X		X				0.	0.	0.
(3) KARL TOMION	3.00									
SECRETARY	0.00	X		X				0.	0.	0.
(4) DAVID MAZURKIEWICZ	3.50									
SENIOR VP & CFO/TREASURER	51.50	X		X				0.	2,544,340.	28,471.
(5) THOMAS DEFAUW	50.00									
PRESIDENT & CEO MCLAREN PH	5.00	X		X				1,123,635.	0.	107,975.
(6) PHILIP INCARNATI	1.00									
PRESIDENT & CEO MCLAREN CORP	54.00	X		X				0.	5,583,733.	1392828.
(7) JANET TURNER LOMASNEY, DO	3.00									
TRUSTEE	1.00	X						0.	0.	0.
(8) GLENN BETRUS, MD	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(9) JANICE ROSE	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(10) F. WILLIAM COOP, MD	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(11) DAVID TRACY, MD	1.00									
TRUSTEE, CHIEF OF STAFF	0.00	X						0.	0.	0.
(12) DAVID KEYES	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(13) SURESH TUMMA, MD	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(14) DAVID THOMPSON	3.00									
TRUSTEE	1.00	X						0.	7,000.	0.
(15) BASSAM H. NASR, MD	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(16) RICHARD LEVEILLE	1.00									
TRUSTEE	1.00	X						0.	0.	0.
(17) DAVID C WHIPPLE	1.00									
TRUSTEE	0.00	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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN V. BROOKS, MD	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(19) JAMES C. LARSEN	1.00									
TRUSTEE	1.00	X						0.	0.	0.
(20) JOHN LISTON (NON-VOTING)	40.00									
ASSISTANT TREASURER	3.00			X				534,595.	0.	64,918.
(21) JENNIFER MONTGOMERY	40.00									
CHIEF NURSING OFFICER	0.00				X			379,332.	0.	46,001.
(22) MICHAEL TAWNEY, DO	40.00									
CHIEF MEDICAL OFFICER	1.00				X			487,127.	0.	75,599.
(23) DAVID MCEWEN	40.00									
CHIEF OPERATIONS OFFICER	1.00				X			361,179.	0.	63,611.
(24) DORIS SEIDL	40.00									
VP OF HUMAN RESOURCES	0.00				X			265,616.	0.	49,675.
(25) ROBERT L. BAUER, MD	40.00									
PHYSICIAN	0.00					X		274,659.	0.	24,156.
(26) SARA LITE-KUESTER	40.00									
PHYSICIAN	0.00					X		232,620.	0.	7,925.
1b Sub-total								3,658,763.	8,135,073.	1861159.
c Total from continuation sheets to Part VII, Section A								864,069.	0.	81,083.
d Total (add lines 1b and 1c)								4,522,832.	8,135,073.	1942242.

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 ▶ 69

			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	X	
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	X	
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		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NAVIN, HAFFTY & ASSOCIATES, 1900 WEST PARK DRIVE, SUITE 180, WESTBOROUGH, MA 01581	COMPUTER CONSULTING	1,229,043.
AHSA/AMERICAN HEALTHCARE SERVICES PO BOX 945, TRAVERSE CITY, MI 49685	NURSING CONTRACT LABOR	564,556.
MICHIGAN CO-TENANCY LABORATORY DEPT CH 14271, PALATINE, IL 60055-4271	LAB TESTING	481,311.
HURON CONSULTING SERVICES 550 W VAN BUREN STREET, CHICAGO, IL 60607	CONSULTING SERVICES	473,648.
PHYSICIAN HEALTHCARE NETWORK 3050 COMMERCE DRIVE, FORT GRATIOT, MI 48059	MEDICAL SERVICES	371,759.

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 ▶ 12

SEE PART VII, SECTION A CONTINUATION SHEETS

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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) THOMAS L. BROZOVICH, MD	40.00									
PHYSICIAN	0.00					X		254,841.	0.	29,594.
(28) JOSEPH A. GIZONI	40.00									
CRNA	0.00					X		257,559.	0.	28,947.
(29) TIMOTHY R. VANHOWE	40.00									
CRNA	0.00					X		221,743.	0.	12,996.
(30) GARY LEROY	0.00									
VP OF ADMINISTRATION & PLANNING	0.00						X	129,926.	0.	9,546.
Total to Part VII, Section A, line 1c								864,069.		81,083.

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	5,900,344.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $		283,707.			
	h	**Total.** Add lines 1a-1f	▶	5,900,344.			
Program Service Revenue			Business Code				
	2a	PATIENT REVENUE	621500	134,027,810.	134,027,810.		
	b	LABORATORY	621500	41,465,483.	40,617,674.	847,809.	
	c	OPERATING REVENUE	621500	61,928.	61,928.		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f	▶	175,555,221.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	1,832,932.			1,832,932.
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)	▶				
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	4,884,125.				
	b	Less cost or other basis and sales expenses	0. / 52,692.				
	c	Gain or (loss)	4,884,125. / -52,692.				
	d	Net gain or (loss)	▶	4,831,433.			4,831,433.
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events	▶				
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities	▶				
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory	▶				
		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA	722210	772,963.			772,963.
	b	LAUNDRY	812300	210,391.		44,827.	165,564.
	c	MISCELLANEOUS	900099	13,330.			13,330.
	d	All other revenue					
	e	**Total.** Add lines 11a-11d	▶	996,684.			
	12	**Total revenue.** See instructions	▶	189,116,614.	174,707,412.	892,636.	7,616,222.

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 [X]

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				
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	1,954,725.		1,954,725.	
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	67,544,693.	55,424,105.	12,120,588.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,027,383.	1,663,578.	363,805.	
9 Other employee benefits	4,572,081.	3,751,642.	820,439.	
10 Payroll taxes	4,939,168.	4,052,857.	886,311.	
11 Fees for services (non-employees)				
a Management				
b Legal	24,585.		24,585.	
c Accounting	132,818.		132,818.	
d Lobbying	5,578.		5,578.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	485,467.		485,467.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	18,355,018.	9,530,528.	8,824,490.	
12 Advertising and promotion	644,268.	119,840.	524,428.	
13 Office expenses	1,170,265.	854,396.	315,869.	
14 Information technology	6,719,562.	65,695.	6,653,867.	
15 Royalties				
16 Occupancy	924,902.	485,395.	439,507.	
17 Travel	169,924.	103,400.	66,524.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	67,853.	45,427.	22,426.	
20 Interest	554,132.		554,132.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,557,343.	576.	6,556,767.	
23 Insurance	3,500.	3,500.		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MED/FOOD SUPPLY	32,945,087.	32,313,346.	631,741.	
b BAD DEBTS	8,147,003.	8,147,003.		
c QAAP TAX	4,568,376.	4,568,376.		
d REPAIR & MAINT	3,249,137.	315,191.	2,933,946.	
e All other expenses	1,991,676.	231,801.	1,759,875.	
25 **Total functional expenses.** Add lines 1 through 24e	167,754,544.	121,676,656.	46,077,888.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ [ ] if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		29,326,302.	1	29,698,454.
	2	Savings and temporary cash investments		26,527,314.	2	29,695,709.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		13,382,666.	4	7,634,708.
	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 instr) Complete Part II of Sch L			6	
	7	Notes and loans receivable, net		9,775,809.	7	10,826,688.
	8	Inventories for sale or use		5,243,577.	8	5,721,617.
	9	Prepaid expenses and deferred charges		281,279.	9	383,806.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 66,688,062.			
	b	Less accumulated depreciation	10b 9,290,099.	55,929,144.	10c	57,397,963.
	11	Investments - publicly traded securities		13,603,427.	11	12,627,861.
	12	Investments - other securities See Part IV, line 11		7,716,353.	12	4,381,449.
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets		0.	14	102,000.
	15	Other assets See Part IV, line 11		4,765,750.	15	777,392.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		166,551,621.	16	159,247,647.
Liabilities	17	Accounts payable and accrued expenses		64,835,421.	17	63,206,203.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		29,324,044.	20	26,410,284.
	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		177,019.	23	4,824.
	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		6,376,036.	25	5,182,036.
	26	**Total liabilities.** Add lines 17 through 25		100,712,520.	26	94,803,347.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		65,839,101.	27	64,444,300.
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		65,839,101.	33	64,444,300.
	34	Total liabilities and net assets/fund balances		166,551,621.	34	159,247,647.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	189,116,614.
2	Total expenses (must equal Part IX, column (A), line 25)	2	167,754,544.
3	Revenue less expenses Subtract line 2 from line 1	3	21,362,070.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	65,839,101.
5	Net unrealized gains (losses) on investments	5	-8,567,146.
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	-14,189,725.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	64,444,300.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII [X]

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] 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		X
	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	X	
	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 [X] 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	X	
	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		X
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 990-EZ)

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	**Employer identification number**
MCLAREN PORT HURON	38-1369611

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

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

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

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

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

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

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

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

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

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

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)** See **section 509(a)(3).** Check the box 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	(iv) 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 from 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 I 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		

Part IV Supporting Organizations *(continued)*

			Yes	No
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		

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. 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)			
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)

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

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			
b			
c			
d			
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			
b			
c			
d Excess from 2013			
e Excess from 2014			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12
Also complete this part for any additional information (See instructions)

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 organization	Employer identification number
MCLAREN PORT HURON	38-1369611

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

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

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

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

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the 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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		5,578.
j Total Add lines 1c through 1i			5,578.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

MHA DUES 17.25%

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
MCLAREN PORT HURON

Employer identification number
38-1369611

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate 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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,186,575.		2,186,575.
b Buildings		20,457,604.	1,797,911.	18,659,693.
c Leasehold improvements			7,393,505.	-7,393,505.
d Equipment		35,520,025.	98,683.	35,421,342.
e Other		8,523,858.		8,523,858.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				57,397,963.

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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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
(1) Federal income taxes	
(2) CLAIM LIABILITY	5,182,036.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	5,182,036.

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 [X]

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

PART X, LINE 2:

THE CORPORATION AND SUBSTANTIALLY ALL OF ITS SUBSIDIARIES ARE NONPROFIT, TAX-EXEMPT ORGANIZATIONS. SOME SUBSIDIARIES ARE FOR-PROFIT CORPORATIONS. INCOME TAX PROVISIONS ARE NOT MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS.

THE ACCOUNTING STANDARD THAT REFERS TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF HOW TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED ON THE CONSOLIDATED FINANCIAL STATEMENTS. COMPANIES MUST RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING

Part XIII Supplemental Information *(continued)*

AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE STANDARD ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS, AND REQUIRES INCREASED DISCLOSURES. THE EVALUATED POTENTIAL EXPOSURE RELATED TO UNCERTAIN TAX POSITIONS WAS FOUND TO BE IMMATERIAL.

MANAGEMENT BELIEVES THE CORPORATION IS NOT SUBJECT TO TAX EXAMINATIONS FOR YEARS PRIOR TO SEPTEMBER 30, 2012.

432055
10-01-14

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

MCLAREN PORT HURON

Employer identification number

38-1369611

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b	If "Yes," was it a written policy?	X	
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 [X] 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 [ ] 100% [ ] 150% [X] 200% [ ] Other _____ %	X	
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 [ ] 200% [ ] 250% [ ] 300% [X] 350% [ ] 400% [ ] Other _____ %	X	
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"?	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
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?		
6a	Did the organization prepare a community benefit report during the tax year?	X	
b	If "Yes," did the organization make it available to the public?	X	

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	96	191,907.		191,907.	.11%
b Medicaid (from Worksheet 3, column a)			6182619.	6143518.	39,101.	.02%
c Costs of other means-tested government programs (from Worksheet 3, column b)			26823228.	22034986.	4788242.	2.85%
d **Total** Financial Assistance and Means-Tested Government Programs	1	96	33197754.	28178504.	5019250.	2.98%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	311	277,573	593,881.	23,071.	570,810.	.34%
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			100,831.		100,831.	.06%
j **Total.** Other Benefits	311	277,573	694,712.	23,071.	671,641.	.40%
k **Total.** Add lines 7d and 7j	312	277,669	33892466.	28201575.	5690891.	3.38%

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	5		422.		422.	.00%
3	Community support	39	62	12,334.		12,334.	.01%
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building	13		999.		999.	.00%
7	Community health improvement advocacy	13		933.		933.	.00%
8	Workforce development						
9	Other						
10	Total	70	62	14,688.		14,688.	.01%

Part III Bad Debt, Medicare, & Collection Practices

			Yes	No
Section A. Bad Debt Expense				
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1	X	
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 8,147,003.		
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	3 390,238.		
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 57,554,830.		
6	Enter Medicare allowable costs of care relating to payments on line 5	6 60,157,076.		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7 -2,602,246.		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used			
	☐ Cost accounting system ☒ Cost to charge ratio ☐ Other			
Section C. Collection Practices				
9a	Did the organization have a written debt collection policy during the tax year?	9a	X	
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	X	

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 %

Part V Facility Information

Section A. Hospital Facilities
(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 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	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 MCLAREN PORT HURON 1221 PINE GROVE AVENUE PORT HURON, MI 48060 WWW.MCLAREN.ORG/PORTHURON 740020	X	X					X			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group MCLAREN PORT HURON

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		X
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		X
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	X	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The significant health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] 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	X	
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	X	
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	X	
7	Did the hospital facility make its CHNA report widely available to the public?	7	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	[X] Hospital facility's website (list url) HTTP://WWW.MCLAREN.ORG/PORTHURON/MCLAREN-			
b	[ ] Other website (list url)			
c	[X] 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	X	
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	X	
a	If "Yes," (list url) HTTP://WWW.MCLAREN.ORG/PORTHURON/MCLAREN-COMMUNITY			
b	If "No", is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		X
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		X
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)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group MCLAREN PORT HURON

			Yes	No
	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	X	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 350 %			
b	[X] Income level other than FPG (describe in Section C)			
c	[X] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[X] Residency			
h	[X] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	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	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[X] 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	X	
	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) _____			
c	[ ] A plain language summary of the FAP was widely available on a website (list url) _____			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] 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	[X] 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	X	
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	[X] 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 MCLAREN PORT HURON

			Yes	No
19	Did the hospital facility or other authorized 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? If "Yes", check all actions in which the hospital facility or a third party engaged	19		X
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 19 (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? If "No," indicate why	21	X	
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? If "Yes," explain in Section C	23		X
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? If "Yes," explain in Section C	24		X

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

MCLAREN PORT HURON:

PART V, SECTION B, LINE 5: IN 2014, THE HOSPITAL APPROACHED THE LOCAL HEALTH DEPARTMENT, WHICH HAD BEEN THE AGENCY THAT COORDINATED THE MOST RECENT CHNA. BECAUSE THAT DOCUMENT WAS PRODUCED FOUR YEARS AGO, THE HOSPITAL HAS USED A VARIETY OF RESOURCES AND METHODS TO UPDATE ITS UNDERSTANDING OF COMMUNITY "NEED" AND CONSULTED WITH MANY COMMUNITY LEADERS IN IDENTIFYING PRIORITIES FOR ATTENTION. A COMMUNITY ROUNDTABLE, HOSTED IN 2012, GUIDANCE FROM THE MICHIGAN HOSPITAL ASSOCIATION, THE ST.CLAIR COUNTY HEALTH DEPARTMENT AND KEY COMMUNITY REPRESENTATIVES IN 2013 AND 2014 ENABLED THE HOSPITAL LEADERSHIP TEAM CONFIRM ITS PRIORITIES AND CONFIDENTLY PROCEED WITH ITS BOARD-APPROVED IMPLEMENTATION PLAN FOR 2014.

OF ADDITIONAL VALUE HAS BEEN THE HOSPITAL'S CONNECTIONS WITH ITS COMMUNITY HEALTH CENTERS (CHCS). LOCATED IN CAPAC, YALE, LEXINGTON AND MARYSVILLE, THESE FACILITIES NOT ONLY DEFINE THE REACHES OF THE HOSPITAL'S SERVICE AREA AND ENABLE THE HOSPITAL TO DELIVER IMPORTANT ACCESS TO FAMILY PRACTICE, THE CHCS CREATE VITAL LINKS TO DIALOGS WITH THE COMMUNITIES ABOUT LOCAL HEALTH NEEDS. FOR MANY YEARS, THE HOSPITAL AND ITS FOUNDATION HAVE UTILIZED CHC TEAMS TO ANNUALLY IDENTIFY LOCAL HEALTH PRIORITIES. USUALLY, THE CHC TEAMS DIRECT OUR ATTENTION TO CANCER SCREENINGS OR MEN'S OR WOMEN'S HEALTH FAIRS. BUT THE HOSPITAL, AS A RESULT OF THESE RELATIONSHIPS, HAS ALSO BEEN ABLE TO ORGANIZE "CELEBRITY READER" EVENTS TO PROMOTE LITERACY AND BIKE SAFETY EDUCATION AIMED AT REDUCING HEAD INJURIES.

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

MCLAREN PORT HURON:

PART V, SECTION B, LINE 6A: ST. JOHN'S RIVER DISTRICT HOSPITAL AND LAKE HURON MEDICAL CENTER

MCLAREN PORT HURON:

PART V, SECTION B, LINE 6B: SCC HEALTH DEPARTMENT, COMMUNITY MENTAL HEALTH, SCC ECONOMICS DEVELOPMENT, YMCA, AND BEHAVIORAL RISK FACTOR SURVEY OF RESIDENTS OF SCC

MCLAREN PORT HURON:

PART V, SECTION B, LINE 11: THE HOSPITAL SELECTED ONLY SOME OF THE NEEDS IDENTIFIED IN THE COUNTY-WIDE NEEDS ASSESSMENT. IN PARTICULAR, THE HOSPITAL LOOKED FOR AREAS WHERE COUNTY-LEVEL OBSERVATIONS ALIGNED WITH ROUNDTABLE DISCUSSIONS, FEEDBACK FROM COMMUNITY LEADERS, DIRECTION OFFERED FROM ITS COMMUNITY HEALTH CENTER REPRESENTATIVES AND NUMEROUS OTHER AVENUES FOR INPUT. AS A RESULT, THE HOSPITAL DEPLOYED ITS RESOURCES IN AREAS MOST MISSION-RELEVANT AND WHERE IT COULD HAVE THE GREATEST IMPACT. WHILE THE COUNTY DREW ATTENTION TO OBESITY, SEDENTARY LIFESTYLES, UNHEALTHY DIETS, HIGH BLOOD PRESSURE, HIGH CHOLESTEROL, TOBACCO USE AND ALCOHOL USE, THE HOSPITAL RESPONDED WITH EDUCATION, OUTREACH, SCREENINGS AND TREATMENT THAT:

- EXPANDED ACCESS TO FREE OR DISCOUNTED MAMMOGRAMS; PROMOTED UNDERSTANDING OF PALLIATIVE CARE

- SOUGHTS AND OBTAINED ACCREDITATION AS A DIABETES CENTER OF EXCELLENCE

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

(ONE OF ONLY TWO IN MICHIGAN), ASSURING OUR COMMUNITY OF COMPETENT, ACCURATE EDUCATION AND MANAGEMENT OF THIS DIFFICULT DISEASE

- WORKED WITH PHYSICIANS TO DEVELOP ALTERNATIVE SUPPORT AND TREATMENT FOR CHRONIC ASTHMATICS

- EXPANDED ACCESS TO "GOOD HEALTH" EVENTS THROUGHOUT OUR SERVICE AREA, IDENTIFYING PATIENTS THAT WERE AT HIGH RISK FOR A NUMBER OF CHRONIC CONDITIONS AND OBTAINING APPROPRIATE MEDICAL TREATMENT FOR THEM

- JOINED WITH THE COMMUNITY FOUNDATION TO PROVIDE ELEMENTARY-AGED CHILDREN THROUGHOUT THE COUNTY WITH BACKPACKS STOCKED WITH SCHOOL SUPPLIES AND PERSONAL HYGIENE PRODUCTS. THE EVENTS ARE DELIBERATELY PAIRED WITH FOOD DISTRIBUTIONS BY OUR FOOD BANKS

- PARTNERED WITH THE MICHIGAN HOSPITAL ASSOCIATION TO IMPROVE THE QUALITY OF FOOD OFFERED AT THE HOSPITAL, RAISING THE NUTRITIONAL COMPETENCY AMOUNG EMPLOYEES, VISITORS AND PATIENTS

- CONTINUED TO EMPHASIZE THE IMPORTANCE OF SMOKING CESSATION AND TO MAKE RESOURCES AVAILABLE TO BOTH EMPLOYEES AND OUR COMMUNITY

- WORKED WITH NUMEROUS ASSOCIATIONS AND LAWMAKERS TO PROVIDE THE COMMUNITY WITH A COMPLETE UNDERSTANDING OF A MEDICAID EXPANSION

- CONTINUED OUR EDUCATIONAL COMMITMENT TO HELMET AND BIKE SAFETY, AIMED SPECIFICALLY AT REDUCING "YEARS OF POTENTIAL LIFE LOST" DUE TO HEAD INJURIES. THIS LAST YEAR, WE ALSO ADDED A PROGRAM WITH THE LOCAL HIGH SCHOOLS AND COMMUNITY COLLEGE TO PROVIDE ATHLETES WITH A BASELINE NEUROLOGICAL ASSESSMENT WITH CONCUSSION SCREEENING PROTOCOLS.

MCLAREN PORT HURON:

PART V, SECTION B, LINE 13H: RESOURCES: REPRESENTATIVES FROM SCC HEALTH

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

DEPARTMENT, COMMUNITY MENTAL HEALTH, SCC ECONOMIC DEVELOPMENT, MCLAREN PORT HURON, ST. JOHN'S RIVER DISTRICT HOSPITAL, LAKE HURON MEDICAL CENTER, YMCA; BEHAVIORAL RISK FACTOR SURVEY OF RESIDENTS OF SCC.

MCLAREN PORT HURON:

PART V, SECTION B, LINE 16I: PAMPHLETS ARE DISPLAYED AND AVAILABLE IN EMERGENCY ROOM

MCLAREN PORT HURON:

PART V, SECTION B, LINE 22D: UPON REQUEST WE OFFER 20% PROMPT PAY DISCOUNT FOR NON CO-PAY AND DEDUCTIBLE PORTIONS AND 20% UNINSURED DISCOUNT. IF THE PERSON IS STILL UNABLE TO PAY, WE REVIEW FOR CHARITY CARE OR CATASTROPHIC CARE.

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? 0

Name and address	Type of Facility (describe)

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

PART II, COMMUNITY BUILDING ACTIVITIES:

THE PORT HURON COMMUNITY HAS ALWAYS HOSTED A VIBRANT DISCUSSION ON COMMUNITY-BUILDING AND ITS INFLUENCE ON COMMUNITY HEALTH. MCLAREN PORT HURON, WITH OTHER COMMUNITY AGENCIES SUCH AS THE COMMUNITY FOUNDATION, THE HEALTH DEPARTMENT, COMMUNITY MENTAL HEALTH, PUBLIC SAFETY, CLERGY AND OTHER COMMUNITY HOSPITALS REGULARLY COME TOGETHER AROUND COMMON INTERESTS.

COLLECTIVELY, THERE IS A CONSENSUS AMONG THESE GROUPS- AND OTHERS- THAT A COMMUNITY'S "HEALTH" IS DEFINED BY MUCH BROADER MEASUREMENTS THAN TRADITIONAL VITAL HEALTH STATISTICS. OBESITY, DEPRESSION, DIABETES, TEEN PREGNANCY ARE ISSUES THAT HAVE GARNERED OUR COLLECTIVE ACTION, BUT OTHER ISSUES SUCH AS UNEMPLOYMENT, IMPROVED ACCESS TO PARKS, AVAILABILITY OF FRESH PRODUCE, YOUTH MENTORING ALSO GAIN OUR ATTENTION.

MCLAREN PORT HURON, IN PARTICULAR, INFLUENCES, INFORMS AND DRAWS FROM THESE CONVERSATIONS. OUR MANAGEMENT TEAM, COMPRISED OF ABOUT 50 INDIVIDUALS, IS INVOLVED IN (AND OFTEN PROVIDES LEADERSHIP TO) OVER 50 COMMUNITY SERVICE AGENCIES SUCH AS ROTARY CLUBS, CHAMBERS OF COMMERCE, THE

Part VI **Supplemental Information** *(Continuation)*

YMCA, THE COMMUNITY COLLEGE, SCHOOL AND CHURCH BOARDS, CHILD ADVOCACY GROUPS, THE UNITED WAY, COUNCILS ON AGING, HUMAN SERVICES COORDINATING COUNCILS, ECONOMIC DEVELOPMENT, AND AREA MUSEUMS. THESE RELATIONSHIPS- AND THEIR LEADERS- REGULARLY INFORM A LESS FORMAL, BUT MORE MEANINGFUL, COMMUNITY NEEDS ASSESSMENT. THE LEADERSHIP AT MCLAREN PORT HURON CLEARLY COMMUNICATES ITS EXPECTATION THAT EVERY MANAGER IS COMMITTED TO AT LEAST ONE SUCH COMMUNITY SERVICE GROUP AND THE HOSPITAL, IN TURN, SUPPORTS THOSE MANAGERS IN THEIR ROLES.

ADDITIONALLY, MCLAREN PORT HURON TAKES PRIDE IN ITS SUPPORT OF OTHER AGENCIES' FUNDRAISING AND COMMUNITY-BUILDING ACTIVITIES SUCH AS THE MARCH OF DIMES' JAIL-N-BAIL, WALK FOR SUMMER READING, AMERICAN HEART WALK, UNITED WAY, BACKPACK/SCHOOL SUPPLIES GIVE-AWAYS AND THE CHILD ABUSE AND NEGLECT ROOFSIT. THESE EVENTS PROMOTE WELLNESS AND HEALTHIER LIFESTYLES, OFFER HEALTH SCREENINGS AND RAISE FUNDS FOR AGENCIES WHOSE MISSIONS ARE ALIGNED WITH THE HOSPITAL'S.

PART III, LINE 2:

$8,147,003 - GROSS AMOUNT

PART III, LINE 3:

BAD DEBT ACCOUNTS WRITTEN OFF IN A TAX YEAR THAT AT ONE TIME OR ANOTHER HAD POSSIBLE CHARITY NOTATION BUT NOT APPROVED. DUE TO A VARIETY OF REASONS, MAY NOT HAVE COMPLETED PAPERWORK, NOT SUPPLIED DOCUMENTATION, OR DIDN'T MEET CHARITY CARE GUIDELINES.

PART III, LINE 4:

ACCOUNTS RECEIVABLE FOR PATIENTS, INSURANCE COMPANIES, AND GOVERNMENTAL

Part VI Supplemental Information *(Continuation)*

AGENCIES ARE BASED ON GROSS CHARGES. AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IS ESTABLISHED ON AN AGGREGATE BASIS BY USING HISTORICAL WRITE-OFF RATE FACTORS APPLIED TO UNPAID ACCOUNTS BASED ON AGING. LOSS RATE FACTORS ARE BASED ON HISTORICAL LOSS EXPERIENCE AND ADJUSTED FOR ECONOMIC CONDITIONS AND OTHER TRENDS AFFECTING THE HOSPITAL'S ABILITY TO COLLECT OUTSTANDING AMOUNTS. UNCOLLECTIBLE AMOUNTS ARE WRITTEN OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IN THE PERIOD THEY ARE DETERMINED TO BE UNCOLLECTIBLE. AN ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS AND INTERIM PAYMENT ADVANCES IS BASED ON EXPECTED PAYMENT RATES FROM PAYORS BASED ON CURRENT REIMBURSEMENT METHODOLOGIES. THIS AMOUNT ALSO INCLUDES AMOUNTS RECEIVED AS INTERIM PAYMENTS AGAINST UNPAID CLAIMS BY CERTAIN PAYORS.

THE COST TO CHARGE RATIO WAS USED IN DETERMINING THE BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS WHO POTENTIALLY WOULD HAVE QUALIFIED UNDER THE ORGANIZATION'S CHARITY CARE POLICY.

PART III, LINE 8:

PORT HURON HOSPITAL APPLIES THE COST TO CHARGE RATIO METHODOLOGY AS REQUIRED. ALL OF THE SHORTFALL SHOULD BE CONSIDERED COMMUNITY BENEFIT.

PART III, LINE 9B:

IF A PATIENT PARTICIPATES IN THE CHARITY CARE PROCESS, THE ACCOUNT IS WRITTEN OFF THE CHARITY AS PER THE CHARITY CARE PROCESS. HOWEVER, IF THE PATIENT IS NON-PARTICIPATIVE IN THE CHARITY CARE PROCESS, THE NORMAL COLLECTION PROCESS WILL ENSUE.

PART VI, LINE 2:

Part VI **Supplemental Information** *(Continuation)*

IN ADDITION TO THOSE METHODS DESCRIBED IN PART II AND PART V, THE HOSPITAL UTILIZES MANY MORE METHODS TO ASSESS - AND ADDRESS - THE HEALTH CARE NEEDS OF OUR COMMUNITY. VARIOUS ONGOING AND AD-HOC EFFORTS INCLUDE:

- PARTICIPATION IN VARIOUS FORMAL COUNTY-WIDE NEEDS ASSESSMENTS WITH THE ST.CLAIR COUNTY HEALTH DEPARTMENT (INCLUDING EMERGENCY MANAGEMENT)

- WITH THE MICHIGAN INPATIENT DATABASE, AN ANNUAL GAP ANALYSIS FOR COMMUNITY OUTMIGRATION FOR HEALTHCARE SERVICES NOT OFFERED IN COUNTY (WHICH TO AN ANALSIS AND COMMITMENT TO INVESTMENT IN INCREASED CANCER TREATMENT SERVICES)

- PERIODIC CONSUMER PERCEPTION AND PERFERENCE SURVEYS (SUCH AS EPIC MRA, PRESS GANEY)

- A COMMUNITY ADVISORY BOARD THAT PROVIDES THE HOSPITAL WITH DIRECTION AND TIMELY FEEDBACK REGARDING WOMEN'S HEALTH NEEDS (RECENTLY DIRECTED THE HOSPITAL TO INVEST IN DIGITAL MAMMOGRAPHY TECHNOLOGY)

- AN ANNUAL STRATEGIC PLANNING PROCESS THAT INCORPORATES INPUT FROM THE COMMUNITY, MANAGERS, PHYSICIANS, TRUSTEES AND PATIENTS FEEDBACK

- FEEDBACK AND DIRECTION FROM THE HOSPITAL'S "55-PLUS" MEMBERSHIP GROUP, WHICH DIRECTED THE HOSPITAL'S ATTENTION TO SCREENINGS AND SUPPORT GROUPS THAT ARE NOT TYPICALLY PAID FOR BY HEALTH PLANS

- KEY COMMUNITY CONSTITUENTS - WHO HAVE SUPPORTED THE HOSPITAL'S EDUCATION AND OUTREACH MISSION - ULTIMATELY RESULTING IN A HEALTH LIBRARY AND CLASSROOMS (BOTH PROMINENTLY POSITIONED IN THE HOSPITAL'S MAIN LOBBY) THAT PROVIDE EDUCATIONAL RESOURCES, SUPPORT AND INSTRUCTION TO COMMUNITY GROUPS, PHYSICIANS, HOSPITAL STAFF

- "TODAY'S HEALTH" - A WEEKLY HEALTH INFORMATION TELEVISION AND CABLE SHOW - PROVIDES EDUCATIONAL CONTENT THAT IS ALIGNED WITH COMMUNITY NEED

- HEALTH ACCESS - A MEDIUM THROUGH WHICH THE HOSPITAL IS ABLE TO ANSWER SPECIFIC EDUCATIONAL INTERESTS, PROVIDE EMERGENCY DIRECTION, PROMOTE THE

Part VI Supplemental Information *(Continuation)*

AVAILABILITY OF HEALTH OUTREACH RESOURCES AND FACILITATE CLASS ENROLLMENT - COUNTY EMERGENCY MANAGEMENT, "REGOIN 2" HOMELAND SECURITY, LOCAL PUBLIC SAFETY - THESE AGENCIES ROUTINELY ADVISE THE HOSPITAL ON NEEDED PREPARATIONS FOR SPECIFIC EMERGENCY PLANNING THAT IS IN THE COMMUNITY'S INTEREST. IN ADDITION TO ACTUAL EVENTS AND EXERCISES FOR FIRE, TORNADO AND HAZARDOUS MATERIALS EXPOSURES, THESE AGENCIES ASSISTED THE HOSPITAL IN TESTING ITS ABILITY TO CARE FOR AN H1N1 EPIDEMIC, MANAGE AN "ACTIVE SHOOTER" SCENARIO AND CONDUCTING AN INFANT ABDUCTION DRILL.

FINALLY, THE HOSPITAL'S HISTORY OF PUBLIC ACCOUNTABILITY FACILITATES A REGULAR DIALOG WITH THE COMMUNITY REGARDING THE HOSPITAL'S COMMITMENT TO COMMUNITY BENEFIT. EACH YEAR, THE HOSPITAL PUBLISHES AND DISTRIBUTES AN ANNUAL REPORT, WHICH IS SHARED WITH TRUSTEES AND OTHER COMMUNITY REPRESENTATIVES. MORE CONCURRENTLY, THE HOSPITAL REPORTS ON NUMEROUS COMMUNITY BENEFIT RESOURCES IN A HALF-PAGE AD THAT IS PUBLISHED MONTHLY IN THE LOCAL NEWSPAPER UNDER A "YOUR PARTNER IN HEALTH" SERIES.

PART VI, LINE 3:

THE HOSPITAL HAS BROCHURES AVAILABLE FOR PATIENTS REGARDING THEIR OPTIONS. THE HOSPITAL ALSO COMMUNICATES THAT A PATIENT MAY CALL IF THEY NEED FINANCIAL ASSISTANCE VIA PHONE CALLS AND BILLING STATEMENTS. THE HOSPITAL HAS A REPRESENTATIVE THAT IS WILLING TO WORK WITH THE PATIENTS TO HELP THEM TRY TO GET INSURANCE OR OTHER FORMS OF ASSISTANCE.

PART VI, LINE 4:

THE HOSPITAL AND ITS AFFILIATE ORGANIZATIONS SERVE A THREE-SIDED MARKET, LIMITED BY LAKE HURON AND THE CANADIAN BOARD TO THE EAST. THE HOSPITAL'S SERVICE AREA IS GENERALLY CONSIDERED TO BE ALL OF ST.CLAIR COUNTY, WITH

Part VI **Supplemental Information** *(Continuation)*

PORTIONS OF SANILAC, HURON, LAPEER AND MACOMB COUNTIES. THE SERVICE AREA'S POPULATION IS ABOUT 220,000 WITH ABOUT THREE-QUARTERS RESIDING IN ST.CLAIR COUNTY. THE LARGEST COMMUNITY, PORT HURON, HAS A POPULATION OF ABOUT 35,000 RESIDENTS. ABOUT A THIRD OF THE COUNTY'S RESIDENTS LEAVE THE COUNTY FOR WORK. OUR MARKET FOLLOWS THE STATE DEMOGRAPHICS WITH SOME EXCEPTIONS: A LOWER PERCENTAGE OF AFRICAN-AMERICANS, A HIGHER PERCENTAGE OF NATIVE AMERICANS, A LOWER AVERAGE HOUSEHOLD INCOME AND A HIGHER PERCENTAGE OF RESIDENTS OVER 65 YEARS OLD. THESE MARKET CHARACTERISTICS ARE CONSIDERED IN OUR PLANNING EFFORTS, PARTICULARLY AS WE PLAN FOR HEALTH SCREENINGS AND TRANSPORTATION NEEDS.

PART VI, LINE 5:

N/A

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

MI

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on 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

Name of the organization

MCLAREN PORT HURON

Employer identification number

38-1369611

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☒ Travel for companions	☐ Payments for business use of personal residence		
	☒ Tax indemnification 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 on 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**	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	X	
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**	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 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**		X
b	Any related organization?	**5b**		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		X
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				
(1) DAVID MAZURKIEWICZ	(i)	0.	0.	0.	0.	0.	0.	0.
SENIOR VP & CFO/TREASURER	(ii)	726,561.	307,945.	1,509,834.	13,000.	15,471.	2,572,811.	702,546.
(2) THOMAS DEFAUW	(i)	529,555.	186,200.	407,880.	74,429.	33,546.	1,231,610.	0.
PRESIDENT & CEO MCLAREN PH	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PHILIP INCARNATI	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT & CEO MCLAREN CORP	(ii)	1,667,934.	1,560,500.	2,355,299.	1,378,144.	14,684.	6,976,561.	0.
(4) JOHN LISTON (NON-VOTING)	(i)	285,945.	68,668.	179,982.	34,068.	30,850.	599,513.	0.
ASSISTANT TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JENNIFER MONTGOMERY	(i)	263,123.	62,888.	53,321.	39,402.	6,599.	425,333.	0.
CHIEF NURSING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MICHAEL TAWNEY, DO	(i)	320,020.	73,217.	93,890.	35,395.	40,204.	562,726.	0.
CHIEF MEDICAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DAVID MCEWEN	(i)	226,236.	54,942.	80,001.	30,065.	33,546.	424,790.	0.
CHIEF OPERATIONS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DORIS SEIDL	(i)	184,021.	41,765.	39,830.	33,241.	16,434.	315,291.	0.
VP OF HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ROBERT L. BAUER, MD	(i)	274,659.	0.	0.	17,781.	6,375.	298,815.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SARA LITE-KUESTER	(i)	232,620.	0.	0.	6,849.	1,076.	240,545.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) THOMAS L. BROZOVICH, MD	(i)	254,841.	0.	0.	16,086.	13,508.	284,435.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JOSEPH A. GIZONI	(i)	257,559.	0.	0.	16,475.	12,472.	286,506.	0.
CRNA	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) TIMOTHY R. VANHOWE	(i)	221,743.	0.	0.	12,996.	0.	234,739.	0.
CRNA	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) GARY LEROY	(i)	89,397.	38,512.	2,017.	0.	9,546.	139,472.	0.
VP OF ADMINISTRATION & PLANNING	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

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

PART I, LINES 4A-B:

LINE 4A:

LINE 4B:

MCLAREN MAINTAINS TWO SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS FOR A SELECT GROUP OF MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES (THE "SERPS"). THE OLD SERP WAS CLOSED TO NEW PARTICIPANTS ON OCTOBER 1, 2006, AND THE NEW SERP BECAME EFFECTIVE AS OF JANUARY 1, 2007. NO EMPLOYEE MAY PARTICIPATE IN BOTH OF THE SERPS. THE OLD SERP IS STRUCTURED AS A DEFINED BENEFIT PLAN THAT ESSENTIALLY REPLACES THE BENEFITS THE PARTICIPANT IS NOT PERMITTED TO RECEIVE UNDER MCLAREN'S QUALIFIED RETIREMENT PLAN DUE TO IRS LIMITATIONS APPLICABLE TO QUALIFIED PLANS. THE BENEFIT UNDER THE OLD SERP IS PAYABLE IN EITHER THE FORM OF A LUMP SUM DISTRIBUTION OR IN MONTHLY PAYMENTS EQUAL TO THE ACTUARIAL EQUIVALENT OF THE PARTICIPANT'S ACCRUED BENEFIT. THE BENEFIT IS PAID AT AGE 55, AND IF THE PARTICIPANT REMAINS EMPLOYED, THE BENEFIT IS PAID UPON TERMINATION OF EMPLOYMENT, REDUCED TO TAKE INTO ACCOUNT THE BENEFIT PREVIOUSLY PAID. THE NEW SERP IS STRUCTURED AS A DEFINED CONTRIBUTION PLAN, AND MCLAREN CONTRIBUTES 15 PERCENT OF EACH

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

PARTICIPANT'S COMPENSATION TO THE PLAN EACH YEAR FOR ALLOCATION TO THE PARTICIPANT'S ACCOUNT. PARTICIPANTS IN THE NEW SERP BECOME VESTED IN THEIR ACCOUNTS UPON THE EARLIER OF FIVE YEARS OF PARTICIPATION IN THE PLAN OR ATTAINMENT OF AGE 60. PARTICIPANTS IN THE NEW SERP SELF-DIRECT THE INVESTMENT OF THEIR ACCOUNTS AND HAVE THE ACTUAL INVESTMENT RETURN CREDITED OR DEBITED TO THEIR ACCOUNTS. THE BENEFIT UNDER THE NEW SERP IS EQUAL TO THE PARTICIPANT'S ACCOUNT BALANCE, AND THE BENEFIT IS PAID IN A SINGLE SUM WITHIN 60 DAYS OF THE PARTICIPANT'S TERMINATION DATE. BENEFITS UNDER BOTH SERPS ARE PROVIDED ON A TAX-NEUTRAL BASIS. BOTH SERPS ARE DESIGNED TO COMPLY WITH INTERNAL REVENUE CODE SECTIONS 457(F) AND 409A.

THE INDIVIDUAL LISTED IN PART VII WHO PARTICIPATED IN THE OLD SERP IS: PHILIP INCARNATI.

THE INDIVIDUAL LISTED IN PART VII WHO PARTICIPATED IN THE NEW SERP IS DAVID MAZURKIEWICZ.

PART I, LINE 6:

MCLAREN HEALTH CARE CORPORATION (MHCC) HAS A LEADERSHIP INCENTIVE PROGRAM FOR LEADERS OF THE CORPORATION, SUBSIDIARY EXECUTIVES AND DIRECTORS, AND

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

CORPORATE MANAGERS. THE PURPOSE OF THE PLAN IS TO ENHANCE THE ORGANIZATION'S ABILITY TO ACHIEVE ITS GOALS BY PROVIDING TOP OFFICIALS AND THE BOARD OF DIRECTORS WITH A TOOL FOR (A) CLEARLY COMMUNICATING PERFORMANCE ON THE PART OF KEY LEADERS, (B) STIMULATING AND REWARDING SUPERIOR LEVELS OF PERFORMANCE ON THE PART OF KEY LEADERS WHICH WILL ULTIMATELY BENEFIT THE COMMUNITIES MHCC SERVES, AND (C) PROTECTING MHCC'S ABILITY TO COMPETE WITH OTHER EMPLOYERS FOR HIGH-TALENT LEADERS.

432113
10-13-14

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2014

Open To Public Inspection

Name of the organization

MCLAREN PORT HURON

Employer identification number

38-1369611

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial	X	1	278,427.	FMV
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

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

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: MCLAREN PORT HURON

Employer identification number: 38-1369611

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PEOPLE OF THE COMMUNITY.

FORM 990, PART VI, SECTION A, LINE 6:

THE SOLE MEMBER OF THE CORPORATION IS MCLAREN HEALTH CARE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBER SHALL HAVE THE EXCLUSIVE RIGHT TO APPOINT AND REMOVE MEMBERS OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 DATA IS PREPARED INTERNALLY AND SUBMITTED TO OUR AUDITING FIRM FOR RETURN PREPARATION. ONCE THE RETURNS HAVE BEEN COMPLETED, THE FORMS ARE REVIEWED BY THE CORPORATE DIRECTOR OF BUDGET, THE CORPORATE SENIOR VICE PRESIDENT AND CFO OF MCLAREN HEALTH CARE CORPORATION (MHCC). COPIES OF DRAFT RETURNS ARE MADE AVAILABLE TO THE MHCC BOARD MEMBERS, WHO SERVE AS THE OVERALL GOVERNING BOARD. RETURNS ARE AVAILABLE FOR ALL CORPORATIONS OF WHICH MHCC IS THE SOLE MEMBER AS WELL AS OTHER RELATED ENTITIES OF THOSE CORPORATIONS FOR REVIEW RATHER THAN HAVING THE LOCAL BOARDS REVIEW THE RETURNS. THE BOARD OF MHCC IS THE ULTIMATE ACCOUNTABLE ORGANIZATION FOR THE SYSTEM; AS SUCH IT IS THE OVERALL GOVERNING BOARD OF OUR SYSTEM WHOSE RESPONSIBILITIES INCLUDES BUT ARE NOT LIMITED TO: APPROVING ALL SUBSIDIARY BOARD MEMBERS, FINANCIAL BUDGETS, AND ISSUANCE OF DEBT.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CORPORATE COMPLIANCE DEPARTMENT, IN ACCORDANCE WITH THE MCLAREN HEALTH

Name of the organization: MCLAREN PORT HURON

Employer identification number: 38-1369611

CARE (MHC) BOARD CONFLICT OF INTEREST POLICY, ANNUALLY DISTRIBUTES THE CONFLICT OF INTEREST DISCLOSURE SURVEY TO ALL MHC CORPORATE AND SUBSIDIARY ORGANIZATION BOARD MEMBERS, EXECUTIVES AND OTHER LEADERSHIP EMPLOYEES. THE CORPORATE COMPLIANCE DEPARTMENT THROUGH THE GOVERNANCE COMMITTEE, COMPILES AND ANALYZES SURVEY DATA BY ORGANIZATION, INVESTIGATES, AND REVIEWS POTENTIAL CONFLICTS WITH THE ORGANIZATION'S CEO AND BOARD CHAIR, AND WHEN NECESSARY, RECOMMENDS ACTIONS TO BE TAKEN TO RESOLVE IDENTIFIED CONFLICTS. A COMPLETE REPORT OF ALL CORPORATE AND SUBSIDIARY BOARD MEMBER AND EXECUTIVE DISCLOSURES, CONFLICTS IDENTIFIED AND ACTIONS TAKEN IS REVIEWED BY THE MHC GOVERNANCE COMMITTEE AND EACH SUBSIDIARY CEO AND BOARD CHAIR RECEIVES A REPORT SPECIFIC TO THEIR ORGANIZATION'S BOARD MEMBERS AND EXECUTIVES. CONFLICTS ARE DISCLOSED TO THE FULL BOARD AND BOARD COMMITTEES SO APPROPRIATE ACTIONS CAN BE TAKEN. ACTIONS MAY INCLUDE PROHIBITING A BOARD MEMBER FROM PARTICIPATING IN DELIBERATIONS INVOLVING TRANSACTIONS WITH A COMPANY WITH WHICH THEY CONDUCT FINANCIAL TRANSACTIONS; BOARD MEMBERS FAILING TO COMPLETE A DISCLOSURE SURVEY OR INTENTIONALLY FAILING TO REPORT A KNOWN CONFLICT OF INTEREST ARE ASKED TO RESIGN.

FORM 990, PART VI, SECTION B, LINE 15A:

THE COMPENSATION COMMITTEE IS APPOINTED BY THE BOARD OF DIRECTORS TO REVIEW THE PERFORMANCE AND RECOMMEND THE TOTAL COMPENSATION PACKAGE OF THE MCLAREN HEALTHCARE CORPORATION'S CEO TO THE BOARD. FURTHER THE COMMITTEE ESTABLISHES THE SALARY RANGES AND PREREQUISITES OF THE OTHER MOST HIGHLY COMPENSATED OFFICERS (MHC VICE-PRESIDENTS AND MHC HOSPICE/SUBSIDIARIES CEO'S) TO THE BOARD. THE MEMBERS OF THE COMMITTEE MUST MEET THE INDEPENDENCE REQUIREMENTS OF THE APPLICABLE PROVISIONS OF SECTION 4958 OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED AND FINAL TREASURY REGULATIONS SECTION 53.4958-6(C)(1)(III).

Name of the organization: MCLAREN PORT HURON

Employer identification number: 38-1369611

THE COMMITTEE RETAINS THE SERVICES OF AN INDEPENDENT FIRM WITH SIGNIFICANT QUALIFICATIONS AND EXPERIENCE TO CONDUCT A REVIEW OF THE CORPORATION'S EXECUTIVE COMPENSATION PROGRAM. THE RETAINED FIRM UTILIZES APPROPRIATE COMPENSATION COMPARABILITY DATA. THE RETAINED FIRM CONDUCTS ANALYSIS OF THE COMPETITIVENESS OF THESE PROGRAMS AND EXPRESSES AN OPINION TO THE REASONABLENESS OF THESE COMPENSATION PROGRAMS.

ALL DATA UTILIZED BY THE COMMITTEE, DELIBERATIONS OF THE COMMITTEE, AND FINAL COMPENSATION DECISIONS BY THE COMMITTEE ARE DOCUMENTED IN FORMAL REPORTS AND MINUTES. THE CORPORATE COMPENSATION COMMITTEE WORKS UNDER AND PERIODICALLY RENEWS THE MCLAREN HEALTH CARE CORPORATION COMPENSATION COMMITTEE CHARTER AND MCLAREN HEALTH CARE CORPORATION COMPENSATION PHILOSOPHY. THE MOST RECENT YEAR THIS PROCESS WAS UNDERTAKEN WAS FISCAL YEAR 2015.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	9,530,528.
MANAGEMENT AND GENERAL EXPENSES	8,824,490.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	18,355,018.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	18,355,018.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

Name of the organization: MCLAREN PORT HURON

Employer identification number: 38-1369611

CHANGE IN ADDITIONAL MINIMUM PENSION LIABILITY	-12,512,715.
TRANSFERS FROM RELATED ORGANIZATIONS	3,167.
FIXED ASSET IMPAIRMENT	-1,680,177.
TOTAL TO FORM 990, PART XI, LINE 9	-14,189,725.

PART XII, LINE 2C:

THIS PROCESS HAS NOT CHANGED SINCE 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

MCLAREN PORT HURON

Employer identification number

38-1369611

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
BAY MEDICAL FOUNDATION - 38-2156534 1900 COLUMBUS AVE. BAY CITY, MI 48708	FOUNDATION	MICHIGAN	501(C)(3)	LINE 11A, I	BAY REGIONAL MEDICAL CENTER	X	
BAY REGIONAL MEDICAL CENTER - 38-1976271 1900 COLUMBUS AVE. BAY CITY, MI 48708	HOSPITAL	MICHIGAN	501(C)(3)	LINE 3	MCLAREN HEALTH CARE CORPORATION	X	
BAY REGIONAL MEDICAL CENTER AUXILIARY - 38-6081235, 1908 COLUMBUS AVENUE, BAY CITY, MI 48708	SUPPORTING ORGANIZATION	MICHIGAN	501(C)(3)	LINE 11A, I	BAY REGIONAL MEDICAL CENTER	X	
BAY SPECIAL CARE HOSPITAL - 38-3161753 1900 COLUMBUS AVE. BAY CITY, MI 48708	HOSPITAL	MICHIGAN	501(C)(3)	LINE 3	BAY REGIONAL MEDICAL CENTER	X	

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
MCLAREN HEALTH CARE CORPORATION - 38-2397643 G-3235 BEECHER ROAD SUITE B FLINT, MI 48532	SUPPORTING ORG	MICHIGAN	501(C)(3)	LINE 11A, I	N/A		X
CENTRAL MICHIGAN COMMUNITY HOSPITAL - 38-1420304, 1221 SOUTH DRIVE, MT. PLEASANT, MI 48858	HOSPITAL	MICHIGAN	501(C)(3)	LINE 3	MCLAREN HEALTH CARE CORPORATION	X	
CHARLEVOIX NURSING HOME CORPORATION DBA BOULDER PARK TERRACE - 38-3038683, 14676 WEST UPRIGHT, CHARLEVOIX, MI 49720	SKILLED NURSING FACILITY	MICHIGAN	501(C)(3)	LINE 9	NORTHERN MICHIGAN REGIONAL HEALTH SYSTEM	X	
GREAT LAKES CANCER INSTITUTE - 38-3584572 401 S. BALLENGER HWY FLINT, MI 48532	CANCER CARE CENTER	MICHIGAN	501(C)(3)	LINE 7	MCLAREN HEALTH CARE CORPORATION	X	
INGHAM REGIONAL HEALTHCARE FOUNDATION - 38-2463637, 401 S. GREENLAWN AVE, LANSING, MI 48910	FOUNDATION	MICHIGAN	501(C)(3)	LINE 7	INGHAM REGIONAL MEDICAL CENTER	X	
INGHAM REGIONAL MEDICAL CENTER - 38-1434090 401 S. GREENLAWN AVE LANSING, MI 48910	HOSPITAL	MICHIGAN	501(C)(3)	LINE 3	MCLAREN HEALTH CARE CORPORATION	X	
KARMANOS CANCER CENTER - 20-1649466 4100 JOHN R. ST. DETROIT, MI 48201	HOSPITAL	MICHIGAN	501(C)(3)	LINE 3	KARMANOS CANCER INSTITUTE	X	
KARMANOS CANCER INSTITUTE - 38-1613280 4100 JOHN R. ST. DETROIT, MI 48201	CANCER RESEARCH & CARE CENTER	MICHIGAN	501(C)(3)	LINE 7	MCLAREN HEALTH CARE CORPORATION	X	
LAPEER REGIONAL MEDICAL CENTER - 38-2689033 1375 N. MAIN ST. LAPEER, MI 48446	HOSPITAL	MICHIGAN	501(C)(3)	LINE 3	MCLAREN HEALTH CARE CORPORATION	X	
LAPEER REGIONAL MEDICAL CENTER FOUNDATION - 38-2689603, 1375 N. MAIN ST., LAPEER, MI 48446	FOUNDATION	MICHIGAN	501(C)(3)	LINE 11A, I	LAPEER REGIONAL MEDICAL CENTER	X	
MARWOOD MANOR NURSING HOME - 38-2683251 PO BOX 5011 PORT HURON, MI 48060	NURSING HOME	MICHIGAN	501(C)(3)	LINE 9	PORT HURON HOSPITAL	X	
MCLAREN HEALTH CARE VILLAGE FOUNDATION - 26-2693350, 401 S. BALLENGER HIGHWAY, FLINT, MI 48532	SUPPORTING ORG	MICHIGAN	501(C)(3)	LINE 11A, I	MCLAREN HEALTH CARE CORPORATION	X	

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
MCLAREN HEALTH PLAN, INC - 38-3252216 G-3245 BEECHER ROAD FLINT, MI 48532	HEALTH CARE SERVICES	MICHIGAN	501(C)(4)		MCLAREN HEALTH CARE CORPORATION	X	
MCLAREN HOSPITALITY HOUSE - 45-5567669 401 S. BALLENGER HIGHWAY FLINT, MI 48532	HOSPITALITY HOUSE	MICHIGAN	501(C)(3)	LINE 7	MCLAREN HEALTH CARE CORPORATION	X	
MCLAREN MEDICAL GROUP - 38-2988086 401 S. BALLENGER HWY FLINT, MI 48532	MANAGEMENT COMPANY	MICHIGAN	501(C)(3)	LINE 11A, I	MCLAREN HEALTH CARE CORPORATION	X	
MCLAREN NORTHERN MICHIGAN - 38-2146751 416 CONNABLE AVENUE PETOSKEY, MI 49770	ACUTE CARE HOSPITAL	MICHIGAN	501(C)(3)	LINE 3	MCLAREN HEALTH CARE CORPORATION	X	
MCLAREN REGIONAL MEDICAL CENTER - 38-2383119 401 S. BALLENGER HWY FLINT, MI 48532	HOSPITAL	MICHIGAN	501(C)(3)	LINE 3	MCLAREN HEALTH CARE CORPORATION	X	
MOUNT CLEMENS REGIONAL HEALTHCARE FOUNDATION - 38-2578873, PO BOX 326, MOUNT CLEMENS, MI 48046	FOUNDATION	MICHIGAN	501(C)(3)	LINE 9	MOUNT CLEMENS REGIONAL MEDICAL CENTER	X	
MOUNT CLEMENS REGIONAL MEDICAL CENTER - 38-1218516, 1000 HARRINGTON, MOUNT CLEMENS, MI 48043	HOSPITAL	MICHIGAN	501(C)(3)	LINE 3	MCLAREN HEALTH CARE CORPORATION	X	
NORTH OAKLAND NORTH MACOMB IMAGING INC. - 38-2807040, 355 BARCLAY CIR, STE A, ROCHESTER HILLS, MI 48307	MRI IMAGING	MICHIGAN	501(C)(3)	LINE 3	PONTIAC OSTEOPATHIC HOSPITAL	X	
NORTHERN MICHIGAN HEMATOLOGY AND ONCOLOGY - 32-0020293, 416 CONNABLE AVENUE, PETOSKEY, MI 49770	PHYSICIAN PRACTICE	MICHIGAN	501(C)(3)	LINE 3	MCLAREN NORTHERN MICHIGAN	X	
NORTHERN MICHIGAN MEDICAL MANAGEMENT - 20-8458840, 416 CONNABLE AVENUE, PETOSKEY, MI 49770	PHYSICIAN PRACTICE	MICHIGAN	501(C)(3)	LINE 3	MCLAREN NORTHERN MICHIGAN	X	
MCLAREN NORTHERN MICHIGAN FOUNDATION - 38-2445611, 360 CONNABLE AVENUE, PETOSKEY, MI 49770	FUNDRAISING	MICHIGAN	501(C)(3)	LINE 11A, I	MCLAREN NORTHERN MICHIGAN	X	
PARKVIEW PROPERTY MANAGEMENT CORPORATION - 38-2467310, PO BOX 5011, PORT HURON, MI 48060	MANAGEMENT CORP	MICHIGAN	501(C)(3)	LINE 11A, I	PORT HURON HOSPITAL	X	

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
PONTIAC OSTEOPATHIC HOSPITAL - 38-1428164 50 NORTH PERRY STREET PONTIAC, MI 48342	HOSPITAL	MICHIGAN	501(C)(3)	LINE 3	MCLAREN HEALTH CARE CORPORATION	X	
POH RILEY FOUNDATION - 20-0442217 50 NORTH PERRY STREET PONTIAC, MI 48342	FOUNDATION	MICHIGAN	501(C)(3)	LINE 11C, III-FI	PONTIAC OSTEOPATHIC HOSPITAL	X	
PORT HURON HOSPITAL FOUNDATION - 38-2777750 PO BOX 5011 PORT HURON, MI 48060	SUPPORTING ORG	MICHIGAN	501(C)(3)	LINE 11A, I	PORT HURON HOSPITAL	X	
REGIONAL EMERGENCY MEDICAL SERVICE INC - 38-3255499, 25400 W. 8 MILE ROAD, SOUTHFIELD, MI 48034	AMBULANCE SERVICE	MICHIGAN	501(C)(3)	LINE 9	MCLAREN MEDICAL MANAGEMENT INC.	X	
THE CARDIAC INSTITUTE DBA MICHIGAN HEART & VASCULAR SPECIALISTS - 26-2774689, 416 CONNABLE AVENUE, PETOSKEY, MI 49770	PHYSICIAN PRACTICE	MICHIGAN	501(C)(3)	LINE 3	MCLAREN NORTHERN MICHIGAN	X	
VISITING NURSE SERVICE OF MICHIGAN - 38-3491714, 401 S. BALLENGER HWY, FLINT, MI 48532	HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	LINE 9	MCLAREN HEALTH CARE CORPORATION	X	
VITALCARE, INC - 38-2527255 761 LAFAYETTE AVENUE CHEBOYGAN, MI 49721	HOSPICE CARE/HOME HEALTH SERVICES	MICHIGAN	501(C)(3)	LINE 9	MCLAREN NORTHERN MICHIGAN	X	
WOMENS HOSPITAL ASSOCIATION OF FLINT, MICHIGAN - 38-1358053, 401 S. BALLENGER HIGHWAY, FLINT, MI 48532	SUPPORTING ORGANIZATION	MICHIGAN	501(C)(3)	LINE 11A, I	MCLAREN HEALTH CARE CORPORATION	X	
MICHIGAN CANCER SOCIETY - 38-2823451 4100 JOHN R. ST. DETROIT, MI 48201	CANCER RESEARCH	MICHIGAN	501(C)(3)	LINE 7	KARMANOS CANCER INSTITUTE	X	
MCLAREN HOSPICE & HOME CARE FOUNDATION - 46-3643089, 1515 CAL DR, DAVISON, MI 48423	FOUNDATION	MICHIGAN	501(C)(3)	LINE 11A, I	VISITING NURSE SERVICES OF MICHIGAN	X	
MCLAREN HEALTH PLAN COMMUNITY - 27-2204037 G-3245 BEECHER ROAD, SUITE 200 FLINT, MI 48532	INSURANCE	MICHIGAN	501(C)(4)		MCLAREN HEALTH PLAN	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
MCLAREN - NORTHERN EQUITIES CANCER CENTER PROJECT, LLC - 26-3112935, 39000 COUNTRY CLUB DRIVE, FARMINGTON HILLS,	RENTAL REAL ESTATE	MI	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MOUNT CLEMENS REGIONAL HEALTH BUILDING HEALTH PARTNERS - 26-2524717, 1000 HARRINGTON ST, MOUNT CLEMENS, MI 48043	BUILDING MANAGEMENT	MI	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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
HEALTH ADVANTAGE, INC - 91-2141720 G3245 BEECHER ROAD FLINT, MI 48532	INSURANCE	MI	N/A	C CORP	N/A	N/A	N/A		X
CLARKSTON PROPERTY ASSOCIATES - 43-2006072 50 NORTH PERRY STREET PONTIAC, MI 48342	REAL ESTATE	MI	N/A	C CORP	N/A	N/A	N/A		X
HOSPITAL HEALTH CARE, INC. - 38-2643070 50 NORTH PERRY STREET PONTIAC, MI 48342	HEALTH CARE	MI	N/A	C CORP	N/A	N/A	N/A		X
PHYSICIAN ORGANIZED HEALTHCARE SYSTEM - 38-3136458, 50 NORTH PERRY STREET, PONTIAC, MI 48342	MANAGED CARE	MI	N/A	C CORP	N/A	N/A	N/A		X
VITALCARE HOME MEDICAL EQUIPMENT, INC. - 38-2662954, 761 LAFAYETTE AVENUE, CHEBOYGAN, MI 49721	SALE AND RENTAL OF DURABLE MEDICAL EQUIPMENT	MI	N/A	C CORP	N/A	N/A	N/A		X

SEE PART VII FOR CONTINUATIONS

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
PETOSKEY ASSURANCE LTD - 98-0628316 68 WEST BAY ROAD,PO BOX 1109 , GRAND CAYMAN, CAYMAN ISLANDS KY1-1102	PROFESSIONAL AND GENERAL LIABILITY COVERAGE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
RAPIN & RAPIN, INC. DBA PRESCRIPTION SERVICES PHARMACY - 38-3465261, 416 CONNABLE AVENUE, PETOSKEY, MI 49770	RETAIL PHARMACY	MI	N/A	C CORP	N/A	N/A	N/A		X
WILLOW ENTERPRISES - 38-2491659 PO BOX 5011 PORT HURON , MI 48061	OCCUPATIONAL HEALTH CLINIC AND OUTPATIENT PHARMACIES	MI	N/A	C CORP	N/A	N/A	N/A		X
DELPHINUS INVESTMENT INC - 45-4758176 4100 JOHN R ST DETROIT, MI 48075	HOLD PASSIVE INVESTMENT	MI	N/A	C CORP	N/A	N/A	N/A		X
MCLAREN INSURANCE COMPANY, LTD. 10 MAIN ST. GRAND CAYMAN, CAYMAN ISLANDS	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
MID-MICHIGAN PHYSICIANS, PC - 38-3267121 2510 KERRY STREET, SUITE 200 LANSING, MI 48912	PHYSICIAN PRACTICE	MI	N/A	C CORP	N/A	N/A	N/A		X

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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a	X	
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p	X	
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

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) MCLAREN HEALTH CARE CORPORATION	C	5,000,000.	CASH
(2) MCLAREN HEALTH CARE CORPORATION	M	1,135,015.	ALLOCATION OF COST
(3) MCLAREN HEALTH CARE CORPORATION	P	246,866.	ALLOCATION OF COST
(4) WILLOW ENTERPRISES	M	57,218.	ALLOCATION OF COST
(5) MARWOOD MANOR NURSING HOME	L	393,273.	ALLOCATION OF COST
(6) MARWOOD MANOR NURSING HOME	O	52,842.	ALLOCATION OF COST

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) PORT HURON HOSPITAL FOUNDATION	C	607,207.	CASH
(8) PORT HURON HOSPITAL FOUNDATION	O	334,035.	ALLOCATION OF COST
(9) PARKVIEW PROPERTY MANAGEMENT CORP	C	278,427.	ALLOCATION OF COST
(10) PARKVIEW PROPERTY MANAGEMENT CORP	K	503,419.	ALLOCATION OF COST
(11) PARKVIEW PROPERTY MANAGEMENT CORP	O	152,260.	ALLOCATION OF COST
(12) MCLAREN MEDICAL GROUP	P	361,334.	ALLOCATION OF COST
(13) MCLAREN MEDICAL GROUP	Q	302,427.	ALLOCATION OF COST
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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 sec. 501(c)(3) orgs ? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

MCLAREN - NORTHERN EQUITIES CANCER CENTER PROJECT, LLC

EIN: 26-3112935

39000 COUNTRY CLUB DRIVE

FARMINGTON HILLS, MI 48331