


Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 2012
	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013									
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization METROPOLITAN HOSPITAL				D Employer identification number 38-0593405			
		Doing Business As METRO HEALTH HOSPITAL							
		Number and street (or P O box if mail is not delivered to street address) 5900 BYRON CENTER AVENUE SW			Room/suite	E Telephone number (616) 252-7200			
		City or town, state or country, and ZIP + 4 WYOMING, MI 49519							
						G Gross receipts \$ 310,042,935			
		F Name and address of principal officer TIM SUSTERICH 5900 BYRON CENTER AVENUE SW WYOMING, MI 49519				H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
						H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)			
		I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(c) Group exemption number ▶			
		J Website: ▶ WWW.METROHEALTH.NET							
		K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				L Year of formation 1942		M State of legal domicile MI	

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> 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	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	2,423
	6 Total number of volunteers (estimate if necessary)	6	275
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	5,877,936
7b Net unrelated business taxable income from Form 990-T, line 34	7b	-1,233,019	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	769,277	948,166
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	283,105,239	292,977,378
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	124,976	1,845,040
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	283,999,492	295,770,584
	14 Benefits paid to or for members (Part IX, column (A), line 4)	1,723,606	5,691,648
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	138,417,355	116,807,541
	b Total fundraising expenses (Part IX, column (D), line 25) 958,054	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	135,888,041	180,166,380
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	276,029,002	302,665,569
	19 Revenue less expenses Subtract line 18 from line 12	7,970,490	-6,894,985
Net Assets or Fund Balances	Beginning of Current Year		End of Year
	20 Total assets (Part X, line 16)	365,402,809	366,687,541
	21 Total liabilities (Part X, line 26)	283,632,837	288,364,253
	22 Net assets or fund balances Subtract line 21 from line 20	81,769,972	78,323,288

Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than the taxpayer) is based on all information of which preparer has any knowledge	
Sign Here	***** Signature of officer
	TIM SUSTERICH CFO Type or print name and title
Paid Preparer Use Only	Print/Type preparer's name CAROL LALONDE CPA
	Preparer's signature
	Firm's name ▶ PLANTE & MORAN PLLC
	Firm's address ▶ 750 TRADE CENTRE WAY STE 300 PORTAGE, MI 49002

Part IIISTatement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

TO IMPROVE THE HEALTH AND WELL-BEING OF OUR COMMUNITIES

2

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

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

3

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

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 251,396,681 including grants of \$ 5,691,648) (Revenue \$ 287,099,442)

METRO HEALTH HOSPITAL IS A 208-BED TEACHING HOSPITAL THAT PROVIDES A COMPREHENSIVE SUITE OF INPATIENT AND OUTPATIENT HEALTHCARE SERVICES, INCLUDING FAST EMERGENCY SERVICES, CANCER AND CARDIAC CARE, ROBOTIC AND TRADITIONAL SURGERY, FAMILY PRACTICE, INTERNAL MEDICINE, SPORTS MEDICINE AND OTHERS THE ORGANIZATION'S MISSION IS TO IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITIES IT SERVES TO THAT END, METRO PROVIDES EDUCATION AND SCREENING PROGRAMS FOR THE COMMUNITY, EDUCATION OPPORTUNITIES FOR FUTURE DOCTORS, NURSES AND OTHER HEALTH PROFESSIONS, FINANCIAL ASSISTANCE PROGRAMS, CARE FOR THE UNDERSERVED, AND MUCH MORE DURING FISCAL YEAR 2013, METRO HEALTH WELCOMED 1,936 BABIES INTO OUR COMMUNITY, CARED FOR 66,859 EMERGENCY ROOM VISITS, PERFORMED 1,131,870 LABORATORY TESTS AND 148,959 DIAGNOSTIC RADIOLOGY PROCEDURES AND COUNTED 50,333 PATIENT DAYS THE METRO HEALTH COMMUNITY CLINIC, WHICH PROVIDES MEDICAL CARE TO THE UNDERSERVED, PROVIDED CARE FOR 19,689 PATIENT VISITS METRO HEALTH'S MEDICAL EDUCATION PROGRAM INCLUDED 126 MEDICAL STUDENTS, RESIDENTS AND FELLOWS

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 251,396,681

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 194		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 2,423		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c Enter the amount of reserves on hand.	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 15		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 9		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 ►KRIS KURTZ 5900 BYRON CENTER AVE SW WYOMING, MI (616) 252-4844

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

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

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

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

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

[illegible]

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							12,249,806	0	687,400	

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	144
---	---	-----

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GREAT LAKES NEUROSURGICAL ASSOCIATES PC 414 PLYMOUTH NE GRAND RAPIDS MI 49505	MEDICAL SERVICES	5,839,747
MARY FREE BED 235 WEALTHY ST SE GRAND RAPIDS MI 49503	MEDICAL SERVICES	3,835,858
XANITOS INC PO BOX 95000-3290 PHILADELPHIA PA 19195	ENVIRONMENTAL SERVICES	2,735,608
PATRIOT MEDICAL TECHNOLOGIES OF OH PO BOX 415000 NASHVILLE TN 37241	MANAGEMENT SERVICES	1,461,972
WEST MI SURGICAL SPECIALISTS PLC 245 CHERRY SE STE 102 GRAND RAPIDS MI 49503	MEDICAL SERVICES	1,184,670

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 -53

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	948,166			
	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 \$					
	h	Total. Add lines 1a-1f		948,166			
Program Service Revenue	2a	NET PATIENT REVENUE	Business Code 541380	279,454,319	273,576,383	5,877,936	
	b	OTHER REVENUE	541380	13,523,059	13,523,059		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		292,977,378			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		572,960		572,960
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)		1,272,080		1,272,080
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							
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		295,770,584	287,099,442	5,877,936	1,845,040	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	5,691,648	5,691,648		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	8,620,620	3,585,076	4,809,038	226,506
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.	85,342,492	73,320,182	11,668,787	353,523
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	590,005		590,005	
9 Other employee benefits.	16,143,458	13,212,810	2,830,995	99,653
10 Payroll taxes.	6,110,966	5,087,352	1,002,834	20,780
11 Fees for services (non-employees):				
a Management.	1,976,457	1,976,457		
b Legal.	1,123,692		1,123,692	
c Accounting.	122,350		122,350	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	94,622		94,622	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	26,649,652	23,972,308	2,650,069	27,275
12 Advertising and promotion.	1,629,606	118,287	1,462,673	48,646
13 Office expenses.	6,321,366	5,613,671	628,988	78,707
14 Information technology.	11,197,600	532,495	10,665,105	
15 Royalties.				
16 Occupancy.	13,838,944	13,261,199	577,745	
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	2,089,459	1,009,982	1,012,953	66,524
20 Interest.	10,706,566	8,467,374	2,239,192	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	19,742,827	15,813,181	3,929,646	
23 Insurance.	3,927,589	2,058,699	1,868,890	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a MEDICAL SUPPLIES	39,817,710	39,659,476	158,234	
b BAD DEBT	17,402,025	17,402,025		
c COST REPORT APPEAL	14,443,108	14,443,108		
d CONSULTING	3,357,341	611,816	2,709,085	36,440
e All other expenses	5,725,466	5,559,535	165,931	
25 Total functional expenses. Add lines 1 through 24e.	302,665,569	251,396,681	50,310,834	958,054
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		39,611,422	1	50,550,167
	2	Savings and temporary cash investments		405,942	2	859,478
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		26,183,164	4	29,627,847
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		20,417	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		5,491,337	8	4,993,302
	9	Prepaid expenses and deferred charges		4,665,324	9	4,431,234
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a358,424,949			
	b	Less: accumulated depreciation	10b144,287,110	223,511,591	10c	214,137,839
	11	Investments—publicly traded securities		34,464,654	11	46,479,412
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		31,048,958	15	15,608,262
	16	Total assets. Add lines 1 through 15 (must equal line 34)		365,402,809	16	366,687,541
Liabilities	17	Accounts payable and accrued expenses		16,703,860	17	24,238,552
	18	Grants payable			18	
	19	Deferred revenue		980,856	19	892,357
	20	Tax-exempt bond liabilities		188,575,000	20	185,955,000
	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		22,318,651	23	22,292,612
	24	Unsecured notes and loans payable to unrelated third parties		1,300,000	24	1,300,000
	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		53,754,470	25	53,685,732
	26	Total liabilities. Add lines 17 through 25		283,632,837	26	288,364,253
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		81,769,972	27	78,323,288
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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		81,769,972	33	78,323,288
	34	Total liabilities and net assets/fund balances		365,402,809	34	366,687,541

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	295,770,584
2	Total expenses (must equal Part IX, column (A), line 25)	2	302,665,569
3	Revenue less expenses Subtract line 2 from line 1	3	-6,894,985
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	81,769,972
5	Net unrealized gains (losses) on investments	5	276,260
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	3,172,041
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	78,323,288

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:
Software Version:
EIN: 38-0593405
Name: METROPOLITAN HOSPITAL

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BARBARA A MIERAS BOARD MEMBER	5 00 1 00	X						0	0	0
CARLOS SANCHEZ BOARD MEMBER	5 00 0 00	X						0	0	0
DAVID ALBRECHT DO BOARD MEMBER	5 00 0 00	X						330,356	0	28,386
JACQUELINE D SCOTT CHAIRPERSON	5 00 1 00	X		X				0	0	0
JANE M ROSS VICE CHAIR	5 00 3 00	X		X				0	0	0
KEVIN M FURLONG DO BOARD MEMBER	5 00 0 00	X						25,000	0	0
LANCE OWENS DO BOARD MEMBER	5 00 0 00	X						271,458	0	25,590
LAURA HOPSON BOARD MEMBER	5 00 0 00	X						0	0	0
MICHAEL FAAS CHIEF EXECUTIVE OFFICER	60 00 1 00	X		X				1,248,764	0	153,906
MICHAEL H PRICE TREASURER	5 00 1 00	X		X				0	0	0
MICHAEL ZAKEM BOARD MEMBER - PART YEAR/PHYSICIAN	60 00 3 00	X						955,507	0	27,414
MICHELE T BROWN BOARD MEMBER	5 00 3 00	X						0	0	0
PAUL R GAUTHIER DO BOARD MEMBER	5 00 1 00	X						14,443	0	0
THERESE ROUSE DO BOARD MEMBER - PART YEAR	5 00 1 00	X						900	0	0
TODD HARTGERINK DO BOARD MEMBER	5 00 0 00	X						0	0	0
VICTOR VASQUEZ JR SECRETARY	5 00 1 00	X		X				0	0	0
WILLIAM JOHN BARKELEY BOARD MEMBER	5 00 1 00	X						0	0	0
BRADLEY CLEGG VP - CLINICAL INFORMATICS	60 00 0 00			X				271,608	0	25,832
CHRISTINE LAWRENCE VP - RISK MANAGEMENT	60 00 0 00			X				169,219	0	24,646
CINDY ALLEN-FEDOR EVP - QUALITY - PART YEAR	60 00 0 00			X				265,003	0	12,660
DAVID DUFFEY VP - CHIEF MEDICAL OFFICER	60 00 0 00			X				173,388	0	20,735
ERIKA DUNCAN VP - HUMAN RESOURCES	60 00 0 00			X				257,839	0	23,716
FLOYD WILSON JR EVP - EXTERNAL RELATIONS/MARKETING	60 00 0 00			X				564,970	0	28,591
FRANK BELSITO EVP - MEDICAL GROUP	60 00 0 00			X				644,174	0	24,510
HELEN BERGHOEF VP - ANCILLARY & EMERGENCY SERVICES	60 00 0 00			X				183,293	0	13,029

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
INGRID CHESLEK VP - CHIEF NURSING OFFICER	60 00 0 00			X				369,833	0	24,824
JAMAL GHANI EVP - CHIEF OPERATIONS OFFICER	60 00 0 00			X				501,106	0	26,035
KATHLEEN CAMPBELL VP - CLINICAL SERVICES - PART YEAR	60 00 0 00			X				154,420	0	9,980
LAURA STASKIEWICZ EVP - CHIEF FUNDRAISING OFFICER	60 00 0 00			X				317,976	0	28,300
TIMOTHY SUSTERICH EVP - CHIEF FINANCIAL OFFICER	60 00 0 00			X				536,039	0	14,291
VERONICA MARSICH VP - LEGAL	60 00 0 00			X				288,646	0	16,351
WILLIAM CUNNINGHAM EVP - SYSTEMS DEVELOPMENT	60 00 0 00			X				149,003	0	4,470
WILLIAM LEWKOWSKI EVP - CHIEF INFORMATION OFFICER	60 00 0 00			X				366,440	0	27,969
ERIC HEDLUND PHYSICIAN	60 00 0 00					X		1,028,555	0	26,486
ERIC WALCHAK PHYSICIAN	60 00 0 00					X		764,416	0	26,081
JOHN KEY PHYSICIAN	60 00 0 00					X		766,348	0	20,010
MATTHEW SEVENSMA PHYSICIAN	60 00 0 00					X		843,213	0	26,002
PAUL KOVACK PHYSICIAN	60 00 0 00					X		787,889	0	27,586

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization METROPOLITAN HOSPITAL	Employer identification number 38-0593405
---	--

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

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

- 1

☐

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

☐

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

☒

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- e

☐

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

☐

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

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

Part II

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶		

Part 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section O. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐
- b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization METROPOLITAN HOSPITAL	Employer identification number 38-0593405
---	--

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

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

3

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

4

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

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii)

Assets included in Form 990, Part X

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

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

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

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

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

- | | (a) Current year | (b) Prior year | b (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|----------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,680,391		8,680,391
b Buildings		187,418,244	38,432,547	148,985,697
c Leasehold improvements		5,718,399	2,264,041	3,454,358
d Equipment		153,798,730	103,590,522	50,208,208
e Other		2,809,185		2,809,185
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				214,137,839

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	278,579,992
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	276,260
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	29,795
e	Add lines 2a through 2d	2e	306,055
3	Subtract line 2e from line 1	3	278,273,937
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	94,622
b	Other (Describe in Part XIII)	4b	17,402,025
c	Add lines 4a and 4b	4c	17,496,647
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	295,770,584

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	265,034,166
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	265,034,166
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	94,622
b	Other (Describe in Part XIII)	4b	37,536,781
c	Add lines 4a and 4b	4c	37,631,403
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	302,665,569

Part XIII

Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE CORPORATION AND ITS SUBSIDIARIES ARE NONPROFIT, TAX-EXEMPT ORGANIZATIONS (EXCEPT FOR ME), ACCORDINGLY, NO TAX PROVISION IS REFLECTED IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE PROVISION FOR TAXES RELATED TO ME IS NOT MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS. ASC IS A LIMITED LIABILITY CORPORATION AND THUS NO PROVISION HAS BEEN RECORDED. THE CORPORATION AND ITS SUBSIDIARIES ARE SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, NO AUDITS FOR ANY TAX PERIODS ARE CURRENTLY IN PROGRESS. WITH FEW EXCEPTIONS, THE CORPORATION IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL, OR NON-U.S. INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE JUNE 30, 2010. THE CORPORATION HAS ADOPTED ACCOUNTING STANDARDS RELATED TO UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, REVIEWED ALL TAX POSITIONS. THE EVALUATED POTENTIAL EXPOSURE RELATED TO THE UNCERTAIN TAX POSITIONS WAS FOUND TO BE IMMATERIAL. ME IS THE ABBREVIATION FOR METROPOLITAN ENTERPRISES. ASC IS THE ABBREVIATION FOR METRO HEALTH ASC, LLC.
PART XI, LINE 2D - OTHER ADJUSTMENTS		UNREALIZED GAIN ON EQUITY INVESTMENT 29,795
PART XI, LINE 4B - OTHER ADJUSTMENTS		BAD DEBT NETTED AGAINST REVENUE 17,402,025
PART XII, LINE 4B - OTHER ADJUSTMENTS		BAD DEBT NETTED AGAINST REVENUE 17,402,025. LOSS ON MEDICARE COST REPORT APPEAL 14,443,108. GRANT TO RELATED ORGANIZATION 5,691,648.

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
METROPOLITAN HOSPITAL

Employer identification number
38-0593405

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>17500 0000000000 %</u> b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>22500 0000000000 %</u> c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	3a	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	3b	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	4	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5a	Yes	
6a	Did the organization prepare a community benefit report during the tax year?	5b	Yes	
b	If "Yes," did the organization make it available to the public?	5c		No
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	6a	Yes	
		6b		No

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)			6,122,910		6,122,910	2 150 %
b Medicaid (from Worksheet 3, column a)		41,519	48,155,882	41,115,154	7,040,728	2 470 %
c Costs of other means-tested government programs (from Worksheet 3, column b)		3,860	1,999,757	717,794	1,281,963	0 450 %
d Total Financial Assistance and Means-Tested Government Programs		45,379	56,278,549	41,832,948	14,445,601	5 070 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	29	97,982	575,451	4,130	571,321	0 200 %
f Health professions education (from Worksheet 5)	5	220	12,881,532	4,137,578	8,743,954	3 070 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)	1		588,062	239,064	348,998	0 120 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	27	10,277	237,334		237,334	0 080 %
j Total Other Benefits	62	108,479	14,282,379	4,380,772	9,901,607	3 470 %
k Total. Add lines 7d and 7j	62	153,858	70,560,928	46,213,720	24,347,208	8 540 %

Part III

Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	1	8	910		910	0 %
2 Economic development	1	90	644		644	0 %
3 Community support	4	683	13,106		13,106	0 %
4 Environmental improvements	2	1,040	1,021		1,021	0 %
5 Leadership development and training for community members						
6 Coalition building	2	215	1,726		1,726	0 %
7 Community health improvement advocacy	12	1,498	5,877		5,877	0 %
8 Workforce development	3	215	2,671		2,671	0 %
9 Other						
10 Total	25	3,749	25,955		25,955	

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

1

Yes

No

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

2

17,402,025

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

0

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

42,691,671

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

6

46,121,338

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

7

-3,429,667

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system

☐ Cost to charge ratio

☒ Other

Section C. Collection Practices

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

9a

Yes

No

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

9b

Yes

No

Part IV

Management Companies and Joint Ventures

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

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

Part V

Facility Information

Section A. Hospital Facilities

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

Name, address, and primary website address

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	METROPOLITIAN HOSPITAL 5900 BYRON CENTER AVE S W WYOMING, MI 49519 HTTP //METROHEALTH.NET/	X	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)

METROPOLITAN HOSPITAL

Name of hospital facility or facility reporting group

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A) 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	1 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3 Yes	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4 Yes	
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website		
b <input checked="" type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input checked="" type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	No
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	No
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	Yes
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>175 00000000000000%</u> If "No," explain in Part VI the criteria the hospital facility used	10	Yes
11	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>225 00000000000000%</u> If "No," explain in Part VI the criteria the hospital facility used	11	Yes
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12	Yes
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13	Yes
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14	Yes
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input type="checkbox"/> Other (describe in Part VI)		
Billing and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15	Yes
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		

Part V Facility Information (continued)

- 18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a ☐ Notified individuals of the financial assistance policy on admission
 - b ☐ Notified individuals of the financial assistance policy prior to discharge
 - c ☐ Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
 - d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
 - e ☐ Other (describe in Part VI)

Policy Relating to Emergency Medical Care

		Yes	No
19	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	Yes	
	If "No," indicate why		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

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

20	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Part VI)		
21	During the tax year, did the hospital facility charge any FAP-eligible individuals to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	21	No
	If "Yes," explain in Part VI		
22	During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?	22	Yes
	If "Yes," explain in Part VI		

Part V

Facility Information (continued)

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

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

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

19

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

Part VI

Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report
- 8
- Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

Identifier	ReturnReference	Explanation
		PART I, LINE 7 THE INFORMATION USED TO CALCULATE LINE 7 IS ON THE PAID CLAIMS BASIS THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2
		PART I, L7 COL(F) BAD DEBT OF \$17,402,025 WAS INCLUDED IN THE AMOUNT REPORTED ON THE FORM 990, PART IX, LINE 25, BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE OF PART I, LINE 7

Identifier	ReturnReference	Explanation
		<p>PART II METRO HEALTH TAKES SERIOUSLY THE OPPORTUNITY AND OBLIGATION WE HAVE TO HELP BUILD OUR COMMUNITY ALL MEMBERS OF THE ORGANIZATION'S LEADERSHIP TEAM ARE ENCOURAGED TO VOLUNTEER A MINIMUM OF 12 HOURS TO COMMUNITY-BENEFIT AND COMMUNITY BUILDING INITIATIVES GENERAL STAFF MEMBERS ARE ALSO ENCOURAGED TO VOLUNTEER AT COMMUNITY-BENEFIT AND COMMUNITY BUILDING INITIATIVES MANY METRO EMPLOYEES PLAY AN ACTIVE ROLE ON THE BOARDS AND/OR COMMITTEES OF SEVERAL HEALTH AND HUMAN SERVICE AGENCIES IN OUR COMMUNITY, SUCH AS YMCA, GRAND RAPIDS CHAMBER OF COMMERCE HEALTH CARE COMMITTEE, ELE'S PLACE GRAND RAPIDS, GRAND RAPIDS AFRICAN AMERICAN HEALTH INSTITUTE, GOODWILL INDUSTRIES, MEL TROTTER MINISTRIES, COMMUNITY TRANSFORMATION GRANT COMMITTEE AND MORE IN ADDITION, METRO LEADERS AND STAFF MEMBERS PARTICIPATE IN ONE-DAY COMMUNITY ACTIVITIES, SUCH AS PRESENTING HEALTH OR CAREER INFORMATION IN AREA SCHOOLS FROM ELEMENTARY SCHOOLS TO COLLEGES AND UNIVERSITIES AS AN OSTEOPATHIC TEACHING HOSPITAL, WE HAVE A SIGNIFICANT PRESENCE WITH THE MICHIGAN ASSOCIATION OF OSTEOPATHIC DIRECTORS AND MEDICAL EDUCATORS THIS ASSOCIATION HELPS TRAIN NEW PHYSICIANS AND DEVELOPS THE CURRICULUM USED FOR MEDICAL RESIDENTS AND STUDENT INTERNS THROUGHOUT OUR STATE SEVERAL MEMBERS OF OUR STAFF ARE INVOLVED IN THIS GROUP AT THE STATE LEVEL AND SPEND A LARGE NUMBER OF HOURS EVERY YEAR SERVING IN THIS CAPACITY IN FISCAL YEAR 2013, METRO HEALTH WAS THE EDUCATION SITE FOR 126 MEDICAL FELLOWS, RESIDENTS AND STUDENTS METRO ALSO PROMOTES HEALTH IN OUR COMMUNITY AND STEWARDSHIP OF NATURAL RESOURCES BY COLLABORATING WITH THE CITY OF WYOMING TO HOST TWO DRUG TAKE BACK DAYS EACH YEAR BY WORKING TOGETHER WE ARE ABLE TO BRING THIS U S DEPARTMENT OF JUSTICE/DRUG ENFORCEMENT ADMINISTRATION PROGRAM TO OUR COMMUNITY THE CITY OF WYOMING PROVIDES DISPOSAL AND LAW ENFORCEMENT PERSONNEL, WHILE METRO HEALTH PROVIDES PHARMACISTS TO ANSWER COMMUNITY MEMBER QUESTIONS AND HELP SORT DRUGS AND A CONVENIENT LOCATION FOR COMMUNITY MEMBERS TO DROP OFF UNUSED AND EXPIRED DRUGS BY PROPERLY DISPOSING OF THE MATERIALS, WE ARE ABLE TO KEEP THESE DRUGS OUT OF THE COMMUNITY'S WATER SYSTEM AND AWAY FROM CHILDREN WHO MIGHT FIND THEM IN A HOME AT EVENTS HELD IN SEPTEMBER 2012 AND APRIL 2013, METRO HEALTH COLLECTED 396 8 POUNDS OF DRUGS OF WHICH 68 7 POUNDS WERE CONTROLLED SUBSTANCES</p>
		<p>PART III, LINE 4 PATIENT ACCOUNTS RECEIVABLE ARE STATED AT NET REALIZABLE AMOUNTS 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 CONTRACTUAL ADJUSTMENTS ARE WRITTEN OFF AGAINST THE ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS IN THE PERIOD PAYMENT IS RECEIVED THE RATIONALE FOR INCLUDING OTHER BAD DEBT AMOUNTS IN COMMUNITY BENEFIT IS THAT THIS IS THE AMOUNT OF UNCOMPENSATED CARE TO UNINSURED AND UNDERINSURED PATIENTS ON THE BASIS OF HISTORICAL EXPERIENCE, A SIGNIFICANT PORTION OF THE CORPORATION'S UNINSURED PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR THE SERVCIES PROVIDED THUS, THE CORPORATION RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS RELATED TO UNINSURED PATIENTS IN THE PERIOD THE SERVICES ARE PROVIDED PATIENT SERVICE REVENUE, NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS (BUT BEFORE THE PROVISION FOR BAD DEBTS), RECOGNIZED IN THE PERIOD FORM THESE MAJOR PAYOR SOURCES IN TOTAL WAS \$278,333,165 FOR THE YEAR ENDED JUNE 30, 2013 THIS AMOUNT IS MADE UP OF AMOUNTS FROM THIRD-PARTY PAYORS OF \$267,721,936 AND AMOUNTS FROM SELF-PAY PAYORS OF \$10,611,229</p>

Identifier	ReturnReference	Explanation
		PART III, LINE 8 ALL OF THE MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT AS THIS IS THE EXTENT TO WHICH COSTS RELATED TO MEDICARE SERVICES GO UNPAID THE COST METHODOLOGY IS THE SAME AS IN PART III LINE 2 OF THE FORM 990 AS DESCRIBED ABOVE
		PART III, LINE 9B METRO TRIES TO INFORM THE PATIENT IF THEY QUALIFY FOR CHARITY CARE AS SOON AS POSSIBLE BECAUSE THE PATIENT BENEFITS FROM KNOWING ABOUT THEIR FINANCIAL OBLIGATIONS AND THE HOSPITAL CAN AVOID A COSTLY COLLECTIONS PROCESS IF THE PATIENT HAS THE INABILITY TO PAY EVERY PATIENT BILL HAS THE FEDERAL POVERTY GUIDELINES ON THE BACK AND ITS ON METRO'S WEBSITE BOTH EXPLAIN THE PROCEDURES AND LIMITS FOR CHARITY CARE AND DISCOUNTING PROGRAMS PATIENT FINANCIAL REPRESENTATIVES ARE AVAILABLE TO DISCUSS FILLING OUT THE PAPERWORK FOR GOVERNMENT MEDICAL ASSISTANCE PROGRAMS

Identifier	ReturnReference	Explanation
METROPOLITAN HOSPITAL		<p>PART V, SECTION B, LINE 3 IN 2011, A COALITION OF COMMUNITY PARTNERS LAUNCHED A COMMUNITY-WIDE NEEDS ASSESSMENT THE KENT COUNTY HEALTH DEPARTMENT SERVED AS THE LEAD AGENCY, BRINGING TOGETHER METRO HEALTH, SAINT MARY'S HOSPITAL, SPECTRUM HEALTH, PINE REST, MARY FREE BED, MICHIGAN STATE UNIVERSITY, GRAND VALLEY STATE UNIVERSITY AND OTHER HEALTH AND HUMAN SERVICE ORGANIZATIONS IN A COLLABORATIVE STUDY THE PARTNERS CONTRACTED WITH THE MICHIGAN PUBLIC HEALTH INSTITUTE TO FACILITATE THE NEEDS ASSESSMENT AND HEALTH IMPROVEMENT PLAN FOR KENT COUNTY THE MISSION OF THE KENT COUNTY CHNA PROCESS WAS TO ENSURE THAT THE PEOPLE OF KENT COUNTY ARE EMPOWERED TO ACHIEVE LIFE-LONG PHYSICAL, MENTAL AND SOCIAL WELLBEING THROUGH 1) EQUAL ACCESS TO HIGH QUALITY, AFFORDABLE HEALTHCARE, 2) A COORDINATED SYSTEM OF CARE THAT IS LOCAL, PREVENTIVE, HOLISTIC AND PATIENT CENTERED, AND 3) AN ENVIRONMENT THAT SUPPORTS HEALTHY LIVING FOR ALL IN ORDER TO ACHIEVE THIS MISSION, THE COALITION FORMED TWO WORKGROUPS THAT COLLECTED POPULATION AND COMMUNITY INPUT DATA THAT SPOKE TO COMMUNITY HEALTH ACROSS GROUPS IN MULTIPLE AREAS OF HEALTH THE POPULATION DATA WORKGROUP IDENTIFIED INDICATORS OF HEALTH AND REVIEWED EXISTING LOCAL, STATE AND NATIONAL SECONDARY DATA SOURCES TO COMPILE A COMPREHENSIVE OVERVIEW OF THE HEALTH STATUS ACROSS POPULATIONS WITHIN KENT COUNTY THESE DATA ARE LIMITED IN POPULATIONS REPRESENTED AND HEALTH INDICATORS ADDITIONAL DATA COLLECTION METHODS WERE USED BY THE COMMUNITY INPUT WORKGROUP TO GATHER DATA FROM COMMUNITY MEMBERS WHOSE VOICE AND HEALTH STATUS MAY NOT BE REPRESENTED THROUGH THE LOCAL, STATE AND NATIONAL SECONDARY DATA SOURCES FOUR COMMUNITY INPUT WALLS WERE PLACED IN LARGE PUBLIC VENUES AS A METHOD OF COLLECTING COMMUNITY FEEDBACK FROM THE GENERAL PUBLIC A TOTAL OF 395 INTERCEPT INTERVIEWS WERE CONDUCTED WITH VULNERABLE POPULATIONS WHO WERE ACCESSIBLE WITHIN GRAND RAPIDS AND KENT COUNTY FINALLY, 12 FOCUS GROUPS, INCLUDING 119 COMMUNITY MEMBERS, WERE USED TO GATHER FEEDBACK FROM DIVERSE AND HARD TO REACH POPULATIONS WITHIN GRAND RAPIDS AND KENT COUNTY THE CHNA COALITION REVIEWED ASSESSMENT FINDINGS AND IDENTIFIED 44 CROSSCUTTING, STRATEGIC ISSUES USING A STRUCTURED PRIORITIZATION PROCESS, THE CHNA STEERING COMMITTEE AND COALITION NARROWED THIS LIST TO FIVE STRATEGIC PRIORITIES THE FIVE STRATEGIC PRIORITIES THAT EMERGED FROM THE ASSESSMENT WERE 1 INCREASE THE PROPORTION OF COMMUNITY MEMBERS, INCLUDING THE UNINSURED AND THE WORKING POOR THAT HAVE ACCESS TO AFFORDABLE HEALTHCARE TO PROMOTE EQUAL ACCESS TO HIGH QUALITY AFFORDABLE CARE, 2 INCREASE THE NUMBER OF PROVIDERS AVAILABLE THAT ACCEPT MEDICAID OR OFFER LOW-COST/FREE SERVICES TO PROMOTE A COORDINATED SYSTEM OF CARE THAT IS LOCAL, PREVENTIVE, HOLISTIC, AND PATIENT CENTERED, 3 REDUCE RACIAL DISPARITIES TO PROMOTE A COORDINATED SYSTEM OF CARE THAT IS LOCAL, PREVENTIVE, HOLISTIC, AND PATIENT CENTERED, 4 INCREASE HEALTHY EATING BY ENSURING ACCESS TO HEALTHY FOODS TO PROMOTE AN ENVIRONMENT THAT SUPPORTS HEALTHY LIVING FOR ALL, 5 REDUCE DISPARITY IN HEALTH RISK FACTORS AND PROTECTIVE FACTORS BETWEEN STUDENTS TO PROMOTE AN ENVIRONMENT THAT SUPPORTS HEALTHY LIVING FOR ALL</p>
METROPOLITAN HOSPITAL		<p>PART V, SECTION B, LINE 4 IN 2011, A COALITION OF COMMUNITY PARTNERS LAUNCHED A COMMUNITY-WIDE NEEDS ASSESSMENT THE KENT COUNTY HEALTH DEPARTMENT SERVED AS THE LEAD AGENCY, BRINGING TOGETHER METRO HEALTH, SAINT MARY'S HOSPITAL, SPECTRUM HEALTH, PINE REST, MARY FREE BED, MICHIGAN STATE UNIVERSITY, GRAND VALLEY STATE UNIVERSITY AND OTHER HEALTH AND HUMAN SERVICE ORGANIZATIONS IN A COLLABORATIVE STUDY THE PARTNERS CONTRACTED WITH THE MICHIGAN PUBLIC HEALTH INSTITUTE TO FACILITATE THE NEEDS ASSESSMENT AND HEALTH IMPROVEMENT PLAN FOR KENT COUNTY</p>

Identifier	ReturnReference	Explanation
METROPOLITAN HOSPITAL		<p>PART V, SECTION B, LINE 6I IN TAX YEAR 2012, ON JUNE 25, 2013 THE METRO HEALTH BOARD OF DIRECTORS ADOPTED AN IMPLEMENTATION STRATEGY TO ADDRESS 4 OF THE 5 STRATEGIC PRIORITIES STRATEGIC PRIORITIES 1 AND 2 WERE COMBINED INTO ONE ACCESS TO CARE ACTION PLAN CONSISTING OF 7 OVERALL STRATEGIES STRATEGY 1A IS TO INCREASE THE NUMBER OF MEDICAID AND UNINSURED PATIENTS SEEN AT METRO HEALTH COMMUNITY CLINIC AND THE METRO HEALTH NETWORK OF OUTPATIENT CLINICS BY INCREASING THE COMPLEMENT OF PHYSICIANS/RESIDENTS PROPORTIONATE TO POTENTIAL AVAILABLE VOLUME AND EXPANDING HOURS OF THE CLINICS AS APPROPRIATE TO ACCOMMODATE ADDITIONAL VOLUMES STRATEGY 1B IS TO IMPLEMENT COMMUNITY HEALTH WORKERS IN 50% OF PRIMARY CARE SITES TO INCREASE OUTREACH TO PATIENTS WITH MEDICAID, MEDICARE, LOW COST INSURANCE AND NO INSURANCE BY DECEMBER 31, 2015 STRATEGY 1C IS TO SUSTAIN THE METRO CARE PROGRAM AND CARE PAYMENT PROGRAM PARTNERSHIPS WITH THE UNINSURED AND UNDERINSURED TO INCREASE ACCESS TO AFFORDABLE CARE THE METRO CARE PROGRAM GIVES A 40% REDUCTION IN CHARGES TO THE UNINSURED THE METRO CARE PAYMENT PROGRAM ALLOWS AN INDIVIDUAL TO PAY THEIR BILL OVER A TWENTY MONTH PERIOD INTEREST FREE STRATEGY 1D IS TO OFFER FREE HEALTH EDUCATION CLASSES TO LOW INCOME RESIDENTS OF KENT COUNTY IDENTIFIED THROUGH COMMUNITY SCREENING PROGRAMS STRATEGY 1E IS TO INCREASE THE NUMBER AND TYPES FOR FREE AND LOW COST SCREENINGS STRATEGY 1F IS TO SUSTAIN AND EXPAND THE CHRONIC DISEASE MANAGEMENT PROGRAM OFFERED IN THE NETWORK OF OUTPATIENT CLINICS AND STRATEGY 1G IS TO EXPLORE SETTING UP THE METRO COMMUNITY CARE CLINIC AS A "MEDICAL HOME" AND/OR FEDERALLY QUALIFIED HEALTH CENTER THE ACTION PLAN FOR PRIORITY HEALTH ISSUE #3 CONSISTS OF 4 STRATEGIES THE FIRST STRATEGY IS TO INCREASE THE COMPLEMENT OF BILINGUAL STAFF AT METRO HEALTH HOSPITAL AND CLINICS THE SECOND IS TO CONDUCT AN ASSESSMENT OF THE HOSPITAL AND CLINICS RELATED TO EASE OF ACCESS FOR DIVERSE POPULATIONS TO INCLUDE AND ASSESSMENT OF SIGNAGE, WAY FINDING, ETC THE THIRD STRATEGY IS TO ENHANCE AND BUILD RELATIONSHIPS BETWEEN METRO HOSPITAL AND THE HISPANIC POPULATION THROUGH INCREASED PARTICIPATION IN THE COMMUNITY AND REPRESENTATION ON THE LATINO COALITION AND THE FOURTH STRATEGY IS TO ENHANCE OUTREACH PROGRAMS TO THE HISPANIC POPULATION BY OFFERING 2 COMMUNITY HEALTH PROGRAMS AND SCREENS SPECIFICALLY FOR THE HISPANIC/LATINO POPULATION PER CALENDAR YEAR THE ACTION PLAN FOR STRATEGIC PRIORITY #4 CONSISTS OF 6 STRATEGIES - 1 EDUCATE EMPLOYEES AND COMMUNITY ABOUT HEALTHY EATING AND NUTRITION 2 PROVIDE COMMUNITY AND EMPLOYEE COOKING CLASSES 3 EXPLORE HAVING A COMMUNITY GARDEN 4 ALIGN METRO HEALTH'S INITIATIVES WITH THE HEALTHIER HOSPITAL INITIATIVES 5 SUSTAIN METRO HEALTH'S GARDEN USING FRESH PRODUCE IN PREPARATION OF MEALS IN METRO HEALTH'S COMMUNITY CAFETERIA DONATE EXCESS PRODUCE TO EMPLOYEES OF METRO HEALTH AND 6 SUSTAIN AND EXPAND METRO HEALTH'S "FARM MARKET" FROM A SUMMER PROGRAM ONLY TO AN ENCLOSED PROGRAM OFFERED 3 QUARTERS A YEAR OPEN PAYMENT FOR FRESH GROWN PRODUCE TO PEOPLE ON GOVERNMENT PROGRAMS VIA USE OF BRIDGE CARDS</p>
METROPOLITAN HOSPITAL		<p>PART V, SECTION B, LINE 7 METRO IS NOT ADDRESSING STRATEGIC HEALTH PRIORITY #5 (REDUCE DISPARITY IN HEALTH RISK FACTORS AND PROTECTIVE FACTORS BETWEEN STUDENTS TO PROMOTE AN ENVIRONMENT THAT SUPPORTS HEALTHY LIVING FOR ALL) DUE TO LACK OF AVAILABLE RESOURCES AT THIS TIME AS WELL AS POTENTIAL DUPLICATION OF SERVICE PROVIDED BY SCHOOL BASED HEALTH CENTERS ALREADY IN EXISTENCE, SPECTRUM'S SCHOOL HEALTH PROGRAM AND THE KENT SCHOOL SERVICES NETWORK DESIGNED TO LINK STUDENTS AND THEIR FAMILIES WITH SPECIAL NEEDS TO THE HEALTH SERVICES THEY NEED</p>

Identifier	ReturnReference	Explanation
METROPOLITAN HOSPITAL		PART V, SECTION B, LINE 22 IN ACCORDANCE WITH MEDICARE POLICY WE CHARGE THE FULL AMOUNT BUT FOR PEOPLE WHO DID NOT HAVE INSURANCE WE DISCOUNTED THE CHARGE BY 40% IF THEY HAD INSURANCE THE AMOUNT WAS DISCOUNTED BY THE CONTRACT PERCENTAGE
		PART VI, LINE 2 ACROSS THE HOSPITAL, IN ADDITION TO THE COMMUNITY HEALTH NEEDS ASSESSMENT REFERENCED IN PART V, NUMEROUS INTERNAL AND EXTERNAL DATA SOURCES ARE REGULARLY MONITORED AND UTILIZED TO IDENTIFY TRENDS AND OPPORTUNITIES TO IMPROVE THE HEALTH OF RESIDENTS OF THE COMMUNITIES SERVED BY METRO HEALTH

Identifier	ReturnReference	Explanation
		<p>PART VI, LINE 3 METRO HEALTH RECOGNIZES THAT INDIVIDUALS AND FAMILIES WHO ARE FACING FINANCIAL INSTABILITY OR HARDSHIP OFTEN NEGLECT HEALTHCARE NEEDS UNTIL THEY BECOME EMERGENT CONDITIONS THIS PRACTICE PLACES STRESS ON PATIENTS, FAMILIES AND THE HEALTHCARE SYSTEM METRO HEALTH SEEKS TO INFORM PATIENTS OF THEIR ELIGIBILITY FOR CHARITY CARE AS SOON AS POSSIBLE IN THE HEALTHCARE PROCESS SO THAT PATIENTS KNOW THERE IS HELP FOR THEM AND SO THAT THE ORGANIZATION AVOIDS COSTLY COLLECTIONS PROCESSES METRO HEALTH POSTS INFORMATION ON FINANCIAL ASSISTANCE ON THE ORGANIZATION WEB SITE PATIENTS WHO REPORT HAVING NO INSURANCE OR HIGH DEDUCTIBLE INSURANCE AT REGISTRATION ARE PROVIDED INFORMATION ABOUT OUR METRO CARE PROGRAM THIS PROGRAM PROVIDES A 40% DISCOUNT TO ALL PATIENTS WITHOUT INSURANCE AND A TWO-YEAR, NO-INTEREST PAYMENT PLAN FOR THOSE PATIENTS WITH A BALANCE OF MORE THAN \$25 00 IN ADDITION, EVERY PATIENT BILL INCLUDES THE FEDERAL POVERTY GUIDELINES ON THE BACK AND EXPLAINS THE PROCEDURES AND LIMITS FOR CHARITY CARE AND DISCOUNTING PROGRAMS PATIENT FINANCIAL REPRESENTATIVES ARE AVAILABLE TO DISCUSS FILLING OUT PAPERWORK FOR GOVERNMENT MEDICAL ASSISTANCE PROGRAMS</p>
		<p>PART VI, LINE 4 METRO HEALTH'S PRIMARY SERVICES AREA INCLUDES KENT, ALLEGAN AND OTTAWA COUNTIES THE ORGANIZATION'S REACH INTO THE COMMUNITY IS ENHANCED BY POSITIONING HEALTHCARE SERVICES THROUGHOUT THE COMMUNITY, INCLUDING 11 NEIGHBORHOOD OUTPATIENT CENTERS SURROUNDING THE GREATER GRAND RAPIDS AREA, SATELLITE CARDIOLOGY OFFICES IN GREENVILLE, SHERIDAN, ALLEGAN AND IN DOWNTOWN GRAND RAPIDS, MICHIGAN, AN AMBULATORY SURGERY CENTER IN DOWNTOWN GRAND RAPIDS, MICHIGAN, A COMMUNITY CLINIC FOR THE UNDERSERVED AND THE METRO HEALTH CANCER CENTER LOCATED NEAR THE HOSPITAL OFFERING MEDICAL ONCOLOGY THROUGH METRO HEALTH PHYSICIANS AND RADIATION ONCOLOGY THROUGH A PARTNERSHIP WITH UNIVERSITY OF MICHIGAN DEPARTMENT OF RADIATION ONCOLOGY METRO HEALTH ALSO OPERATES THE STUDENT HEALTH CENTERS AT GRAND VALLEY STATE UNIVERSITY AND AQUINAS COLLEGE KENT COUNTY INCLUDES A DIVERSE MIX OF DEMOGRAPHICS ACCORDING TO THE UNITED STATES CENSUS BUREAU WEB SITE (2010 CENSUS), 76 PERCENT OF THE POPULATION IS WHITE (NOT HISPANIC) THE HISPANIC POPULATION IS 9 7 PERCENT OF RESIDENTS, THE AFRICAN AMERICAN POPULATION IS 9 7 PERCENT OF THE COMMUNITY, AND ASIAN AMERICANS COMPRISE 2 3 PERCENT OF THE POPULATION PER THE CENSUS BUREAU, MEDIAN HOUSEHOLD INCOME IN KENT COUNTY (FOR 2006-2010) IS \$29,532, AND 14 3 PERCENT OF THE POPULATION IS CONSIDERED BELOW THE POVERTY LEVEL THE 2011 COMMUNITY HEALTH NEEDS ASSESSMENT FOUND THAT COMPARED TO MICHIGAN, KENT COUNTY HAD A HIGHER PROPORTION OF ADULT RESIDENTS AGED 18-64 WHO DO NOT HAVE HEALTH INSURANCE AND A HIGHER PROPORTION OF HOUSEHOLDS THAT SPEAK SPANISH OR ANOTHER LANGUAGE OTHER THAN ENGLISH AT HOME</p>

Identifier	ReturnReference	Explanation
		<p>PART VI, LINE 5 IN FISCAL YEAR 2013, METRO HEALTH HOSPITAL PROVIDED 8 54% OF TOTAL OPERATING EXPENSES IN COMMUNITY BENEFIT BY PROVIDING HIGH QUALITY, COORDINATED PATIENT CARE, EDUCATION, RESEARCH AND ADVOCACY PROGRAMS WE PROVIDED THESE SERVICES IN KENT COUNTY, MICHIGAN AND THE SURROUNDING WEST MICHIGAN AREAS METRO'S GOVERNANCE STRUCTURE, OPEN MEDICAL STAFF, OUTREACH PROGRAMMING AND MORE CONTRIBUTE TO HOW WE PROMOTE COMMUNITY HEALTH AT THE TIME OF FILING THIS FORM 990, METRO HEALTH HOSPITAL'S BOARD OF DIRECTORS IS MADE OF UP 14 COMMUNITY VOLUNTEERS AND 1 EXECUTIVE LEADER FROM THE HOSPITAL BOARD SERVICE IS A COMMITMENT TO HELP FURTHER THE HOSPITAL'S MISSION OF IMPROVING THE HEALTH AND WELL-BEING OF OUR COMMUNITY MEMBERS REPRESENT A WIDE SPECTRUM OF INDUSTRIES, INCLUDING HEALTHCARE, BANKING, REAL ESTATE, MARKETING, OFFICE FURNITURE, NON-PROFIT LEADERSHIP AND MORE WHILE THE MAJORITY OF BOARD MEMBERS ARE CAUCASIAN, MEMBERS ALSO REPRESENT THE AFRICAN AMERICAN AND LATINO COMMUNITIES METRO HEALTH MAINTAINS AN OPEN MEDICAL STAFF, MEANING COMMUNITY PRACTITIONERS CAN HOLD PRIVILEGES AT THE HOSPITAL THERE ARE MORE THAN 500 MEMBERS OF THE MEDICAL STAFF, REPRESENTING EMPLOYED AND INDEPENDENT PHYSICIANS AND A MIX OF PRIMARY CARE AND SPECIALTY PHYSICIANS METRO HEALTH HOSPITAL OFFERS A VARIETY OF PROGRAMS TO IMPROVE THE HEALTH OF OUR COMMUNITY OUR LIVE HEALTHY COMMUNITY OUTREACH PROGRAM PROVIDES FREE AND LOW-COST HEALTH EDUCATION PROMOTION EVENTS, CLASSES AND MORE TO OUR COMMUNITY THE MAJORITY OF THESE PROGRAMS ARE DESIGNED TO ADDRESS RECOGNIZED HEALTH NEEDS IN THE COMMUNITY THESE CLASSES AND EVENTS GROW IN POPULARITY EVERY YEAR AND INCLUDE TOPICS SUCH AS LIVING WITH DIABETES, CPR CLASSES, COOKING WITH THE CARDIOLOGIST AND MORE LOW-COST EXERCISE CLASSES OFFER ACTIVITY TO BEGINNERS, AS WELL AS TO VERY FIT PARTICIPANTS OTHER FREE OFFERINGS ARE TOBACCO CESSATION, PRE-DIABETES, NUTRITION, JOINT PAIN, INJURY AND FALL PREVENTION, CHILD SAFETY SEAT, HEALTHY COOKING CLASSES AND MORE WHILE ALL OF THE LIVE HEALTHY CLASSES ARE FREE OR LOW COST, IF COST IS A DETERRENT FOR PEOPLE BEING ABLE TO ATTEND, THE COMMUNITY OUTREACH DEPARTMENT WAIVES THE FEE FREE HEALTH SCREENS ARE ALSO AN IMPORTANT COMPONENT OF THE LIVE HEALTHY PROGRAM AS EXAMPLES, FREE BLOOD PRESSURE SCREENS ARE HELD MONTHLY IN THE HOSPITAL AND AT THREE OFFSITE PHYSICIAN OFFICES HOLDING SCREENS AT THESE REMOTE LOCATIONS MAKES IT EASIER FOR MORE PEOPLE IN OUR SERVICE AREA TO TAKE ADVANTAGE OF THE FREE SERVICE METRO ALSO OFFERED FREE SCREENING EVENTS FOR PERIPHERAL ARTERY DISEASE (PAD) AND SUDDEN CARDIAC DEATH IN HIGH SCHOOL ATHLETES PAD CAN RESULT AS A SIDE EFFECT OF DIABETES OR OTHER ILLNESSES, ALL PEOPLE AT RISK OF HEART DISEASE ARE AT RISK OF PAD LEFT UNTREATED PAD CAN RESULT IN CRITICAL LIMB ISCHEMIA AND/OR AMPUTATION BY TREATING PAD BEFORE IT ESCALATES, PHYSICIANS ARE HELPING PATIENTS AVOID COSTLY AND LIFE-CHANGING MAJOR AMPUTATIONS OUR COMMUNITY WAS DIRECTLY AFFECTED BY THE DEATH OF A YOUNG ATHLETE ON THE BASKETBALL COURT PARENTS AND SCHOOL ADMINISTRATORS ALIKE SOUGHT RESOURCES FOR IDENTIFYING RISKS OF SUDDEN CARDIAC DEATH AS A RESULT, METRO'S SPORTS MEDICINE AND CARDIOLOGY PHYSICIANS PARTNER TO OFFER SCREENINGS TO HIGH SCHOOL STUDENTS THE HOSPITAL ALSO HOSTS A NUMBER OF FREE SUPPORT GROUPS AND MEETINGS FOR COMMUNITY ORGANIZATIONS SOME SUPPORT GROUPS ARE RUN BY METRO HEALTH PROFESSIONALS AND OTHERS ARE COMMUNITY-BASED GROUPS TO WHOM METRO OFFERS FREE CONFERENCE ROOM SPACE SOME OF THE SUPPORT GROUPS MEETING AT METRO INCLUDE THOSE FOR ALZHEIMERS, BREASTFEEDING AND CANCER SERVICES AS A TEACHING HOSPITAL, METRO ALSO OFFERS EDUCATIONAL OPPORTUNITIES TO MEDICAL RESIDENTS, NURSES, RADIOLOGY TECHS, PHLEBOTOMISTS AND EVEN HIGH SCHOOL STUDENTS WHO ARE INTERESTED IN MEDICAL PROFESSIONS IN 2013, METRO OFFERED ITS FOURTH HEART AND VASCULAR WINTER UPDATE CONFERENCE TO PRIMARY CARE AND CARDIOLOGY PHYSICIANS THE CONFERENCE FEATURED LOCAL AND NATIONAL SPEAKERS ON TOPICS FROM HOW TO HELP PATIENTS LOSE WEIGHT TO INNOVATIONS IN TREATING CHOLESTEROL PROBLEMS, PERIPHERAL VASCULAR DISEASE AND MORE THE CONFERENCE OFFERED CME CREDITS AND WAS ATTENDED BY MORE THAN 50 PHYSICIANS THE METRO HEALTH FARM MARKET IS ANOTHER WAY METRO SEEKS TO IMPROVE THE HEALTH OF OUR COMMUNITY FOR EIGHT CONSECUTIVE YEARS NOW, OUR MARKET HAS GROWN IN POPULARITY AMONG COMMUNITY MEMBERS, PATIENTS AND EMPLOYEES ON FARM MARKET DAYS, IT IS COMMON TO SEE OUTPATIENTS AND VISITORS MINGLE WITH COMMUNITY MEMBERS AS THEY SHOP FOR FRESH, LOCALLY GROWN AND PRODUCED FOODS MORE THAN 10,000 STAFF MEMBERS AND COMMUNITY RESIDENTS VISITED THE FARM MARKET IN 2013 DURING THE LAST PROGRAM YEAR, METRO CONTINUED ITS EFFORTS TO MAKE HEALTHY FOODS AVAILABLE TO OUR ENTIRE COMMUNITY BY CONTINUING TO OFFER FARM MARKET SHOPPERS ON FOOD ASSISTANCE WAYS TO USE THE ASSISTANCE AT THE MARKET METRO ACCEPTS PROJECT FRESH COUPONS AND SNAP BENEFITS WE ALSO USE EBT MACHINES TO INCREASE HEALTHY OPTIONS FOR INDIVIDUALS AND FAMILIES RECEIVING GOVERNMENT FOOD ASSISTANCE AS AN ADDED BENEFIT, METRO OFFERED FREE HEALTH SCREENS AND COOKING CLASSES AT THE MARKET SO THAT AREA RESIDENTS COULD LEARN ABOUT THEIR HEALTH AND LEARN WAYS TO COOK THE DELICIOUS, HEALTHY FOODD AVAILABLE AT THE MARKET - REGARDLESS OF THEIR INCOME LEVEL OUR SPORTS MEDICINE DEPARTMENT ALSO PLAYS AND ACTIVE ROLE IN THE COMMUNITY, PROVIDING FIRST AIDE AT RACES AND COMMUNITY EVENTS YEAR ROUND SPORTS MEDICINE PHYSICIANS AND PHYSICAL THERAPISTS PROMOTE HEALTHY LIVING AND PARTICIPATION IN ACTIVITIES BY VOLUNTEERING AT EVENTS METRO HEALTH IS ALSO COMMITTED TO PROTECTING THE ENVIRONMENT THROUGH A NUMBER OF GREEN INITIATIVES OUR HOSPITAL BUILDING IS ONE OF THE FIRST HOSPITALS IN THE NATION DESIGNED AND BUILT TO BE LEED-CERTIFIED (LEADERSHIP IN ENERGY AND ENVIRONMENTAL DESIGN), AND IT IS LOCATED IN THE METRO HEALTH VILLAGE WHICH REQUIRES ALL BUILDINGS ON THE PROPERTY TO BE DESIGNED AND BUILT FOR LEED CERTIFICATION EMPLOYEE AND COMMUNITY PARTICIPATION IN RECYCLING AND COMPOSTING PROGRAMS AT THE HOSPITAL CONTINUES TO GROW EACH YEAR THE HOSPITAL KITCHEN RECYCLING IS VERY SUCCESSFUL AND WOULD NOT BE POSSIBLE WITHOUT THE BUY-IN OF THE EMPLOYEE TEAM BEYOND THE WALLS OF THE HOSPITAL, METRO'S LEADERSHIP TEAM IS WORKING TO MAKE AN IMPACT ON THE COMMUNITY EVERY MEMBER OF THE LEADERSHIP TEAM IS EXPECTED TO VOLUNTEER A MINIMUM OF 12 HOURS DURING THE YEAR TO COMMUNITY-BENEFIT INITIATIVES MANY LEADERS GO WELL ABOVE THE 12-HOUR THRESHOLD AND VOLUNTEER MUCH MORE IN THE COMMUNITY THEY ALSO ALLOW TEAM BUILDING THROUGH SERVICE TO OTHER ORGANIZATIONS TEAMS OF METRO EMPLOYEES HAVE WORKED TOGETHER TO ASSIST AREA FOOD PROGRAMS, PROVIDE FLU SHOTS FOR AREA RESIDENTS IN NEED AND MORE</p>
REPORTS FILED WITH STATES	PART VI, LINE 7	M1

Additional Data

Software ID:
Software Version:
EIN: 38-0593405
Name: METROPOLITAN HOSPITAL

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

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

How many non-hospital health care facilities did the organization operate during the tax year?
19

Name and address	Type of Facility (describe)
METRO HEALTH PROFESSIONAL BUILDING 2122 HEALTH DRIVE SW WYOMING, MI 49519	WOUND CLINIC, LAB AND PULMONARY REHAB
METRO HEALTH SOUTHWEST 2215 44TH STREET SW WYOMING, MI 49519	WOUND CLINIC, LAB AND PULMONARY REHAB
METRO HEALTH COMMUNITY CLINIC 1925 BRETON SE GRAND RAPIDS, MI 49506	WOUND CLINIC, LAB AND PULMONARY REHAB
HEALTHPARK 2093 HEALTH DRIVE WYOMING, MI 49519	WOUND CLINIC, LAB AND PULMONARY REHAB
MIDTOWNE SURGERY CENTER 555 MIDTOWN SUITE 105 GRAND RAPIDS, MI 49503	WOUND CLINIC, LAB AND PULMONARY REHAB
CANCER CENTER AT METRO HEALTH VILLAGE 5950 METRO WAY WYOMING, MI 49519	WOUND CLINIC, LAB AND PULMONARY REHAB
METRO HEALTH WAYLAND 893 E SUPERIOR WAYLAND, MI 49348	WOUND CLINIC, LAB AND PULMONARY REHAB
METRO HEALTH COMSTOCK PARK 4200 N DIVISION COMSTOCK PARK, MI 49321	WOUND CLINIC, LAB AND PULMONARY REHAB
METRO HEALTH ROCKFORD 4685 BELDING ROAD ROCKFORD, MI 49341	WOUND CLINIC, LAB AND PULMONARY REHAB
METRO HEALTH CALEDONIA 8941 NORTH RODGER COURT CALEDONIA, MI 49316	WOUND CLINIC, LAB AND PULMONARY REHAB
METRO HEALTH HUDSONVILLE 3912 32ND AVE HUDSONVILLE, MI 49426	WOUND CLINIC, LAB AND PULMONARY REHAB
METRO HEALTH JENISON 7686 GEORGETOWN CENTER DR JENISON, MI 49428	WOUND CLINIC, LAB AND PULMONARY REHAB
METRO HEALTH CEDAR SPRINGS 14211 WHITE CREEK CEDAR SPRINGS, MI 49319	WOUND CLINIC, LAB AND PULMONARY REHAB
METRO HEALTH CASCADE 4300 CASCADE GRAND RAPIDS, MI 49546	WOUND CLINIC, LAB AND PULMONARY REHAB
METRO HEALTH ALLENDALE 11160 W J PRESLEY PARKWAY STE 100 ALLENDALE, MI 49401	WOUND CLINIC, LAB AND PULMONARY REHAB
METRO HEALTH OPHTHALMOLOGY 2221 HEALTH DRIVE SW WYOMING, MI 49519	WOUND CLINIC, LAB AND PULMONARY REHAB
METRO HEALTH LOWELL 2550 WEST MAIN LOWELL, MI 49331	WOUND CLINIC, LAB AND PULMONARY REHAB
METRO HEART AND VASCULAR - GREENVILLE 1915 WEST WASHINGTON GREENVILLE, MI 48838	WOUND CLINIC, LAB AND PULMONARY REHAB
GR HOME FOR VETS 3000 MONROE NW GRAND RAPIDS, MI 49505	WOUND CLINIC, LAB AND PULMONARY REHAB

OMB No 1545-0047

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

Open to Public Inspection

Employer identification number
38-0593405

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) METROPOLITAN ENTERPRISES 5900 BYRON CENTER AVE SW WYOMING, MI 49519	38-3062222	N/A	5,691,648		N/A	N/A	FORGIVENESS OF DEBT

[illegible]

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	0
3	Enter total number of other organizations listed in the line 1 table	1

Part III

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

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

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

Schedule J

(Form 990)

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

METROPOLITAN HOSPITAL

Employer identification number

38-0593405

Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>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.</div> <div> <div> <div><input type="checkbox"/></div> <div>First-class or charter travel</div> </div> <div> <div><input type="checkbox"/></div> <div>Housing allowance or residence for personal use</div> </div> </div> <div> <div> <div><input type="checkbox"/></div> <div>Travel for companions</div> </div> <div> <div><input type="checkbox"/></div> <div>Payments for business use of personal residence</div> </div> </div> <div> <div> <div><input type="checkbox"/></div> <div>Tax indemnification and gross-up payments</div> </div> <div> <div><input checked="" type="checkbox"/></div> <div>Health or social club dues or initiation fees</div> </div> </div> <div> <div> <div><input checked="" type="checkbox"/></div> <div>Discretionary spending account</div> </div> <div> <div><input type="checkbox"/></div> <div>Personal services (e.g., maid, chauffeur, chef)</div> </div> </div>		
<div>b</div> <div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</div>	1b	Yes
<div>2</div> <div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</div>	2	Yes
<div>3</div> <div>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.</div> <div> <div> <div><input type="checkbox"/></div> <div>Compensation committee</div> </div> <div> <div><input checked="" type="checkbox"/></div> <div>Written employment contract</div> </div> </div> <div> <div> <div><input checked="" type="checkbox"/></div> <div>Independent compensation consultant</div> </div> <div> <div><input type="checkbox"/></div> <div>Compensation survey or study</div> </div> </div> <div> <div> <div><input type="checkbox"/></div> <div>Form 990 of other organizations</div> </div> <div> <div><input checked="" type="checkbox"/></div> <div>Approval by the board or compensation committee</div> </div> </div>		
<div>4</div> <div>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:</div>		
<div>a</div> <div>Receive a severance payment or change-of-control payment?</div>	4a	Yes
<div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>	4b	Yes
<div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>	4c	No
<div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div>		
<div>5</div> <div>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:</div>		
<div>a</div> <div>The organization?</div>	5a	No
<div>b</div> <div>Any related organization?</div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>	5b	No
<div>6</div> <div>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:</div>		
<div>a</div> <div>The organization?</div>	6a	No
<div>b</div> <div>Any related organization?</div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>	6b	No
<div>7</div> <div>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.</div>	7	No
<div>8</div> <div>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.</div>	8	No
<div>9</div> <div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>	9	

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	MIKE FAAS RECEIVED CLUB DUES. ALL VICE PRESIDENTS RECEIVE A DISCRETIONARY SPENDING AMOUNT. THESE PAYMENTS ARE TREATED AS TAXABLE COMPENSATION.
	PART I, LINES 4A-B	SEVERANCE PAYMENTS: CINDY FEDOR-ALLEN \$15,385; KATHLEEN CAMPBELL \$35,577; SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN: TIM SUSTERICH \$17,000; INGRID CHESLEK \$16,094; FLOYD WILSON JR \$17,000; PAUL KOVACK \$22,500; MATTHEW SEVENSMA \$16,500; MICHAEL ZAKEM \$22,500; ERIK WALCHAK \$17,000; JOHN KEY \$22,500.

Software ID:
Software Version:
EIN: 38-0593405
Name: METROPOLITAN HOSPITAL

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DAVID ALBRECHT DO	(i)	276,207	53,555	594	10,767	17,619	358,742	0
	(ii)	0	0	0	0	0	0	0
LANCE OWENS DO	(i)	172,859	98,025	574	10,231	15,359	297,048	0
	(ii)	0	0	0	0	0	0	0
MICHAEL FAAS	(i)	789,742	225,317	233,705	128,030	25,876	1,402,670	0
	(ii)	0	0	0	0	0	0	0
MICHAEL ZAKEM	(i)	947,669	5,000	2,838	11,828	15,586	982,921	0
	(ii)	0	0	0	0	0	0	0
BRADLEY CLEGG	(i)	237,435	29,817	4,356	10,246	15,586	297,440	0
	(ii)	0	0	0	0	0	0	0
CHRISTINE LAWRENCE	(i)	130,327	35,009	3,883	5,792	18,854	193,865	0
	(ii)	0	0	0	0	0	0	0
CINDY ALLEN-FEDOR	(i)	193,504	48,000	23,499	0	12,660	277,663	0
	(ii)	0	0	0	0	0	0	0
DAVID DUFFEY	(i)	143,855	29,000	533	5,149	15,586	194,123	0
	(ii)	0	0	0	0	0	0	0
ERIKA DUNCAN	(i)	200,791	44,000	13,048	8,612	15,104	281,555	0
	(ii)	0	0	0	0	0	0	0
FLOYD WILSON JR	(i)	299,011	108,028	157,931	10,900	17,691	593,561	0
	(ii)	0	0	0	0	0	0	0
FRANK BELSITO	(i)	393,364	212,850	37,960	12,000	12,510	668,684	0
	(ii)	0	0	0	0	0	0	0
HELEN BERGHOEF	(i)	140,069	28,502	14,722	11,126	1,903	196,322	0
	(ii)	0	0	0	0	0	0	0
INGRID CHESLEK	(i)	238,118	92,034	39,681	10,849	13,975	394,657	0
	(ii)	0	0	0	0	0	0	0
JAMAL GHANI	(i)	310,095	107,820	83,191	8,011	18,024	527,141	0
	(ii)	0	0	0	0	0	0	0
KATHLEEN CAMPBELL	(i)	121,662	22,400	10,358	4,933	5,047	164,400	0
	(ii)	0	0	0	0	0	0	0
LAURA STASKIEWICZ	(i)	197,004	87,012	33,960	10,511	17,789	346,276	0
	(ii)	0	0	0	0	0	0	0
TIMOTHY SUSTERICH	(i)	318,086	123,888	94,065	10,802	3,489	550,330	0
	(ii)	0	0	0	0	0	0	0
VERONICA MARSICH	(i)	225,828	52,750	10,068	10,216	6,135	304,997	0
	(ii)	0	0	0	0	0	0	0
WILLIAM CUNNINGHAM	(i)	149,003	0	0	4,470	0	153,473	0
	(ii)	0	0	0	0	0	0	0
WILLIAM LEWKOWSKI	(i)	227,479	99,260	39,701	10,830	17,139	394,409	0
	(ii)	0	0	0	0	0	0	0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ERIC HEDLUND	(i)	847,669	180,226	660	10,900	15,586	1,055,041	0
	(ii)	0	0	0	0	0	0	0
ERIC WALCHAK	(i)	585,753	178,003	660	10,900	15,181	790,497	0
	(ii)	0	0	0	0	0	0	0
JOHN KEY	(i)	587,458	177,372	1,518	7,500	12,510	786,358	0
	(ii)	0	0	0	0	0	0	0
MATTHEW SEVENSMA	(i)	550,000	292,619	594	10,900	15,102	869,215	0
	(ii)	0	0	0	0	0	0	0
PAUL KOVACK	(i)	550,000	236,371	1,518	12,000	15,586	815,475	0
	(ii)	0	0	0	0	0	0	0

**Schedule K
(Form 990)**

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
METROPOLITAN HOSPITAL

Employer identification number

38-0593405

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	KENT HOSPITAL FINANCE AUTHORITY	38-2350002	490580CB1	04-19-2005	139,985,272	BUILD METRO HOSPITAL		X		X		X
B	KENT HOSPITAL FINANCE AUTHORITY	38-2350002	490580EE3	04-19-2012	57,700,000	REFUND 2005B BONDS ISSUED 4/19/2005 & PURCHASE POWER PLANT		X		X		X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	5,595,000			
2 Amount of bonds legally defeased				
3 Total proceeds of issue	145,370,253	57,700,000		
4 Gross proceeds in reserve funds	10,481,945			
5 Capitalized interest from proceeds	19,923,875	342,502		
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds	2,587,500	635,949		
8 Credit enhancement from proceeds	263,645	263,645		
9 Working capital expenditures from proceeds	3,579,804			
10 Capital expenditures from proceeds	128,667,771	28,150,409		
11 Other spent proceeds				
12 Other unspent proceeds				
13 Year of substantial completion	2007	2012		
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X	X	
15 Were the bonds issued as part of an advance refunding issue?		X	X	
16 Has the final allocation of proceeds been made?	X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 00000%		0 00000%		%		%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 00000%		0 00000%		%		%	
6	Total of lines 4 and 5	0 00000%		0 00000%		%		%	
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X				

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Identifier	Return Reference	Explanation
PART II, LINE 3, COLUMN A		DIFFERENCE BETWEEN ISSUE PRICE AND TOTAL PROCEEDS IS DUE TO INVESTMENT AMOUNTS EARNED DURING THE TEMPORARY CONSTRUCTION PERIOD
PART IV, LINE 2C, COLUMN A		REBATE COMPUTATION WAS PERFORMED ON JANUARY 22, 2010

Schedule L
(Form 990 or 990-EZ)

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

OMB No 1545-0047
2012
Open to Public Inspection

Name of the organization
METROPOLITAN HOSPITAL

Employer identification number
38-0593405

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

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MICHAEL PRICE	CEO OF MERCANTILE	1,465,146	MERCANTILE HAS PROVIDED BANKING SERVICES TO METRO BANK LENT MONEY FOR A TERM LOAN AND SUPPLIES CHECKING SERVICES		No
(2) HEALTH PARK MEDICAL BUILDING	DR FURLONG, PARTNER IN HEALTH PARK MEDICAL BUILDING AND BOARD MEMBER	788,352	LEASE OF BUILDING		No
(3) LOWELL REAL ESTATE GROUP	DR GAUTHIER, PARTNER IN LOWELL REAL ESTATE GROUP AND BOARD MEMBER	109,385	LEASE OF BUILDING		No
(4) 5950 METRO WAY LLC	DR ZAKEM, PARTNER IN 5950 METRO WAY, LLC AND BOARD MEMBER	647,259	LEASE OF BUILDING		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2012**Open to Public
Inspection**Name of the organization
METROPOLITAN HOSPITAL

Employer identification number

38-0593405

Identifier	Return Reference	Explanation
	FORM 990, PART I, LINE 1	METRO HEALTH'S MISSION IS TO IMPROVE THE HEALTH AND WELL-BEING OF OUR COMMUNITIES. TO THAT END, THE ORGANIZATION BELIEVES THE FOUNDATION OF GOOD HEALTH IS BASED ON EXCELLENT QUALITY PRIMARY CARE. THE ORGANIZATION IS ANCHORED BY A 208-BED, GENERAL ACUTE CARE COMMUNITY HOSPITAL. ADDITIONALLY, IT OPERATES 11 NEIGHBORHOOD OUTPATIENT CENTERS, STUDENT HEALTH FACILITIES AT GRAND VALLEY STATE UNIVERSITY AND A COMMUNITY CLINIC FOR THE UNDERSERVED. THE NEIGHBORHOOD OUTPATIENT CENTERS RING THE ORGANIZATION'S SERVICE AREA, ALLOWING PATIENTS ACCESS TO QUALITY HEALTHCARE CLOSE TO HOME. SERVICES AT THEM INCLUDE PRIMARY CARE, LAB SERVICES, MAMMOGRAPHY, X-RAY AND PHYSICAL THERAPY. IN ADDITION TO PRIMARY CARE SERVICES, THE ORGANIZATION PROVIDES SPECIALTY CARE AT ITS HEART AND VASCULAR PRACTICE, CANCER CENTER, AMBULATORY SURGERY CENTER, OPHTHALMOLOGY OFFICE, SLEEP LAB AND OTHER SITES. THE ORGANIZATION ALSO FOCUSES ON IMPROVING THE HEALTH OF THE COMMUNITY BEFORE PEOPLE NEED HEALTHCARE. IT DOES THIS THROUGH ITS LIVE HEALTHY COMMUNITY OUTREACH PROGRAM THAT OFFERS FREE AND LOW-COST CLASSES, SEMINARS AND COMMUNITY HEALTH SCREENS. IN THE PAST YEAR, SCREENS HAVE BEEN DONE FOR HIGH BLOOD PRESSURE, PERIPHERAL VASCULAR DISEASE, MEMORY ISSUES AND SUDDEN CARDIAC DEATH. METRO HEALTH IS ALSO A MAJOR PROVIDER OF OSTEOPATHIC MEDICAL EDUCATION. IN FISCAL YEAR 2013, 126 MEDICAL STUDENTS, RESIDENTS AND FELLOWS PARTICIPATED IN ITS MEDICAL EDUCATION PROGRAM.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE COMPLETED FORM 990 WAS REVIEWED BY THE CONTROLLER AND CHIEF FINANCIAL OFFICER MEMBERS OF THE FISCAL SERVICES DEPARTMENT WITH TAX EXPERTISE PREPARED IT THE FORM 990 WAS THEN REVIEWED BY AN OUTSIDE INDEPENDENT PUBLIC ACCOUNTING FIRM WHO AS PART OF PROCESS SIGNS THE RETURN AS PAID PREPARER AFTER THIS REVIEW BUT PRIOR TO FILING, THE FULL METRO BOARD OF DIRECTORS WAS NOTIFIED THAT THE COMPLETED FORM 990 WAS AVAILABLE FOR REVIEW AT THE BOARD MEETING ALSO PRIOR TO FILING MANAGEMENT HELD A FORM 990 QUESTIONS AND ANSWER SESSION IN WHICH ALL MEMBERS WERE INVITED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	EACH BOARD MEMBER, KEY EMPLOYED AND NON-EMPLOYED PERSONNEL IS REQUIRED ANNUALLY TO COMPLETE A CONFLICT OF INTEREST STATEMENT. THE STATEMENTS ARE COMPILED AND THE HOSPITAL'S COMPLIANCE DEPARTMENT REVIEWS THEM FOR ANY POTENTIAL CONFLICTS. ANY CONFLICTS ARE NOTED AND APPROPRIATE ACTION IS TAKEN AS REQUIRED, IE VOTING OR CONTRACTS.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE CEO'S COMPENSATION IS DETERMINED BY USE OF CONSULTANTS AND COMPARABILITY DATA FROM OTHER HOSPITALS OF SIMILAR SIZE. THE EXECUTIVE COMMITTEE REVIEWS AND APPROVES THE CEO COMPENSATION. THEIR DISCUSSION IS DOCUMENTED IN THE MINUTES OF THE MEETING. THE MOST RECENT YEAR THIS PROCESS WAS UNDERTAKEN WAS IN 2013. AS OF 1/1/2013, THE EXECUTIVE TEAM ALL WENT ON CONTRACTS. AS A PART OF THAT PROCESS, COMPENSATION STUDIES BY AN INDEPENDENT FIRM WERE COMPLETED TO ENSURE THE EXECUTIVES WERE AT MARKET VALUE.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS ARE MADE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COSTS 3,142,246 UNREALIZED GAIN ON EQUITY INVESTMENT 29,795

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT AND THE SELECTION OF THE INDEPENDENT AUDITORS THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
METROPOLITAN HOSPITAL

Employer identification number
38-0593405

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) LAND METRO LLC 5900 BYRON CENTER AVE SW WYOMING, MI 49519 20-2863709	REAL ESTATE	MI	0	0	METROPOLITAN HOSPITAL

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) METROPOLITAN FOUNDATION 5900 BYRON CENTER SW WYOMING, MI 49519 38-3033329	SUPPORT THE HOSPITAL	MI	501(C)(3)	LINE 7	METROPOLITAN HEALTH CORPORATION	Yes	
(2) METROPOLITAN HEALTH CORPORATION 5900 BYRON CENTER SW WYOMING, MI 49519 38-2745509	PARENT ORGANIZATION	MI	501(C)(3)	LINE 11B, II	N/A		No

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) METRO HEALTH ASC LLC 5900 BYRON CENTER AVE SW WYOMING, MI 49519 26-1805066	AMBULATORY SERVICES	MI	METROPOLITAN HOSPITAL	RELATED	1,349,968	2,193,701		No		Yes		51 000 %

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) METROPOLITAN ENTERPRISES INC 5900 BYRON CENTER AVE SW WYOMING, MI 49519 38-3062222	PHYSICIAN SERVICES	MI	N/A	C					No

Part V

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

Yes

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

1r

No

1s

No

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) METROPOLITAN FOUNDATION	C	948,166	CASH
(2) METROPOLITAN ENTERPRISES INC	B	5,691,648	CASH
(3) METRO HEALTH ASC LLC	F	1,055,604	CASH
(4) METROPOLITAN ENTERPRISES INC	J	3,897,801	FMV

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

[illegible]

Software ID:
Software Version:
EIN: 38-0593405
Name: METROPOLITAN HOSPITAL

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	
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Metro Health Corporation and Affiliates

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

Metro Health Corporation and Affiliates

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Independent Auditor's Report

To the Board of Directors
Metro Health Corporation and Affiliates

We have audited the accompanying consolidated financial statements of Metro Health Corporation and Affiliates (MHC or the "Corporation") which comprise the consolidated balance sheet as of June 30, 2013 and 2012 and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

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

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

Opinion

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

Plante & Moran, PLLC

September 19, 2013

Metro Health Corporation and Affiliates

Consolidated Balance Sheet

	June 30, 2013	June 30, 2012
Assets		
Current Assets		
Cash and cash equivalents	\$ 53,634,246	\$ 41,770,900
Short-term investments	9,979,725	-
Accounts receivable - Net (Note 2)	32,787,903	32,246,315
Cost report settlements receivable (Note 3)	-	14,610,037
Other current assets	7,905,413	8,359,231
Total current assets	104,307,287	96,986,483
Property and Equipment - Net (Note 5)	216,392,443	225,196,959
Other Assets (Note 6)	60,134,756	57,355,227
Total assets	\$ 380,834,486	\$ 379,538,669
Liabilities and Net Assets		
Current Liabilities		
Bank line of credit (Note 8)	\$ 1,300,000	\$ 1,300,000
Current portion of long-term debt (Note 9)	6,473,301	5,794,000
Accounts payable	20,294,924	19,165,878
Cost report settlements payable (Note 3)	12,517,130	3,822,606
Deferred revenue	892,357	980,856
Accrued liabilities and other (Note 10)	14,095,774	13,163,471
Total current liabilities	55,573,486	44,226,811
Long-term Debt - Net of current portion (Note 9)	207,598,984	210,719,548
Other Liabilities (Note 11)	30,610,815	36,043,674
Total liabilities	293,783,285	290,990,033
Net Assets		
Unrestricted	81,128,195	83,233,961
Temporarily restricted	5,723,006	5,314,675
Permanently restricted	200,000	-
Total net assets	87,051,201	88,548,636
Total liabilities and net assets	\$ 380,834,486	\$ 379,538,669

Metro Health Corporation and Affiliates

Consolidated Statement of Operations and Changes in Net Assets

	Year Ended	
	June 30, 2013	June 30, 2012
Unrestricted Revenue, Gains, and Other Support		
Net patient service revenue	\$ 320,261,587	\$ 306,858,025
Provision for bad debts	(18,654,350)	(16,901,136)
Net patient service revenue less provision for bad debts	301,607,237	289,956,889
Capitation revenue	4,213,099	3,990,392
Other	7,688,672	6,215,915
Total unrestricted revenue, gains, and other support	313,509,008	300,163,196
Expenses		
Salaries	119,730,490	116,320,048
Fringe benefits	24,928,181	23,428,575
Supplies	53,895,882	51,736,213
Purchased services	42,184,506	41,708,281
Other	32,733,243	32,002,597
Depreciation and amortization	20,284,521	18,652,781
Interest expense	10,772,946	9,915,005
Total expenses (Note 15)	304,529,769	293,763,500
Operating Income Before Loss On Medicare Cost Report Appeal	8,979,239	6,399,696
Loss on Medicare Cost Report Appeal (Note 3)	(14,443,108)	-
Operating (Loss) Income	(5,463,869)	6,399,696
Other Income (Loss)		
Investment income (Note 6)	1,308,224	738,966
Contributions	61,288	49,382
Change in unrealized investment income (loss) (Note 6)	385,853	(831,463)
Loss on debt defeasance	-	(461,887)
Other	(1,318,628)	(1,065,442)
Total other income (loss)	436,737	(1,570,444)
Excess of Revenue (Under) Over Expenses	\$ (5,027,132)	\$ 4,829,252

Metro Health Corporation and Affiliates

Consolidated Statement of Operations and Changes in Net Assets (Continued)

	Year Ended	
	June 30, 2013	June 30, 2012
Unrestricted Net Assets		
Excess of revenue (under) over expenses	\$ (5,027,132)	\$ 4,829,252
Other change in net assets	-	(35,793)
Distribution to noncontrolling member	(1,014,208)	(833,000)
Pension-related changes other than net periodic benefit cost	3,142,246	(19,622,725)
Net assets released from restriction	793,328	644,854
Decrease in Unrestricted Net Assets	(2,105,766)	(15,017,412)
Temporarily Restricted Net Assets		
Restricted contributions net of provision for bad debts on pledges receivable	1,201,659	1,464,583
Net assets released from restriction	(793,328)	(644,854)
Increase in Temporarily Restricted Net Assets	408,331	819,729
Permanently Restricted Net Assets - Restricted contributions	200,000	-
Decrease in Net Assets	(1,497,435)	(14,197,683)
Net Assets - Beginning of year	88,548,636	102,746,319
Net Assets - End of year	\$ 87,051,201	\$ 88,548,636

Metro Health Corporation and Affiliates

Consolidated Statement of Cash Flows

	Year Ended	
	June 30, 2013	June 30, 2012
Cash Flows from Operating Activities		
Decrease in net assets	\$ (1,497,435)	\$ (14,197,683)
Adjustments to reconcile decrease in net assets to net cash from operating activities:		
Depreciation and amortization	20,284,521	18,652,781
Net change in unrealized net gains and losses on investments	(385,853)	831,463
Net realized gains on investments	(664,418)	(49,553)
Pension-related changes other than net periodic benefit cost	(3,142,246)	19,622,725
Gain on disposal of equipment	(882,773)	(41,270)
Restricted donations	(1,401,659)	(1,464,583)
Provision for bad debts	18,654,350	16,901,136
Loss on defeasance	-	461,887
Changes in assets and liabilities which (used) provided cash:		
Accounts receivable	(19,195,938)	(16,048,287)
Other current assets	453,818	(165,011)
Cost report settlements receivable	14,610,037	395,502
Other assets	602,962	(507,860)
Accounts payable	1,129,046	2,180,363
Accrued liabilities	932,303	871,771
Cost report settlements payable	8,694,524	(3,644,840)
Other liabilities	(2,379,112)	(2,735,362)
Net cash provided by operating activities	35,812,127	21,063,179
Cash Flows from Investing Activities		
Purchase of property and equipment	(10,853,360)	(47,740,384)
Proceeds from sale of property and equipment	1,868,629	121,343
Purchase of investments	(25,067,572)	(7,762,589)
Proceeds from sale and maturities of investments	13,675,802	7,785,378
Net cash used in investing activities	(20,376,501)	(47,596,252)
Cash Flows from Financing Activities		
Net change in funds held by trustee under bond indenture	(920,175)	187,073
Net change in line of credit	-	(2,000,000)
Principal payment on long-term debt	(5,824,695)	(31,932,991)
Proceeds from long-term debt	1,770,931	68,758,804
Proceeds from restricted contributions	1,401,659	1,464,583
Bond issue costs	-	(898,000)
Net cash (used in) provided by financing activities	(3,572,280)	35,579,469
Net Increase in Cash and Cash Equivalents	11,863,346	9,046,396
Cash and Cash Equivalents - Beginning of year	41,770,900	32,724,504
Cash and Cash Equivalents - End of year	\$ 53,634,246	\$ 41,770,900
Supplemental Cash Flow Information		
Cash paid for interest	\$ 10,806,686	\$ 9,943,805
Property and equipment acquired via capital lease	1,612,501	-

See Notes to Consolidated Financial Statements. 5

Metro Health Corporation and Affiliates

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 1 - Nature of Business and Significant Accounting Policies

Reporting Entity and Corporate Structure - Metro Health Corporation (MHC or the "Corporation"), a not-for-profit corporation, is a major provider of healthcare services to residents of Grand Rapids, Michigan and surrounding communities.

The consolidated financial statements include MHC and the corporations (and their subsidiaries) listed below, of which MHC is the sole member:

- Metro Health Hospital (the "Hospital")
- Metro Health Hospital Foundation (the "Foundation")
- Metropolitan Enterprises (ME)

The Corporation owns 51 percent of Metro Health ASC, LLC (ASC), which owns and operates an ambulatory surgery center. ASC's operations and balances are included in the consolidated financial statements.

A significant portion of the Corporation's net patient service revenue is received under contractual arrangements with Medicare, Medicaid, Blue Cross/Blue Shield of Michigan, and various health maintenance organization programs. Most health services are rendered to the citizens of Kent and Ottawa Counties of Michigan.

Basis of Consolidation - The accompanying consolidated financial statements include the accounts of Metro Health Corporation and its subsidiaries. Intercompany transactions and balances have been eliminated in consolidation. The noncontrolling interest in majority-owned entities on the consolidated balance sheet represents a 49 percent outside membership interest in ASC. The noncontrolling interest of net assets as of June 30, 2013 and 2012 is \$1,753,661 and \$1,444,900, respectively, and the noncontrolling interest share of excess of revenue over expenses for the years ended June 30, 2013 and 2012 is \$1,322,969 and \$785,813, respectively. ASC distributed \$1,014,208 and \$833,000 to the noncontrolling member during 2013 and 2012, respectively.

Temporarily Restricted Net Assets - Temporarily restricted net assets reflect assets contributed or pledged to the Corporation and its subsidiaries, the use of which is restricted by the donor. Temporarily restricted net assets are restricted for medical education, indigent care, and property and equipment purchases.

Cash and Cash Equivalents - Cash and cash equivalents include cash and investments in highly liquid investments purchased with an original maturity of three months or less, excluding those amounts included in assets limited as to use by board designation or other arrangements under trust agreements (see Note 6).

Cash balances held in the bank exceeded the federal depository insurance limit. The Corporation's cash is only insured up to the federal depository insurance limit. Management believes that any credit risk related to these cash balances is minimal.

Metro Health Corporation and Affiliates

Notes to Consolidated Financial Statements June 30, 2013 and 2012

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

Accounts Receivable - Accounts receivable for patients, insurance companies, and governmental agencies are based on gross charges. An allowance for contractual adjustments and interim payment advances is based on expected payment rates from payors based on current reimbursement methodologies. This amount also includes amounts received as interim payments against unpaid claims by certain payors. Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectibility of accounts receivable, the Hospital analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts.

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

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

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

Metro Health Corporation and Affiliates

Notes to Consolidated Financial Statements June 30, 2013 and 2012

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

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

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

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

Property and Equipment - Property and equipment purchases are recorded at cost. Donated property and equipment are recorded at the estimated fair market value at the time of donation. Depreciation is computed using the straight-line method over the estimated useful lives of the assets. Costs of maintenance and repairs are charged to expense when incurred.

Bond Issue Costs and Issue Premium - Bond issue costs and original issue premium are amortized over the life of the related bond issue using the straight-line method of amortization.

Classification of Net Assets - Net assets of the Corporation are classified as temporarily restricted or unrestricted depending on the presence and characteristics of donor-imposed restrictions limiting the Corporation's ability to use or dispose of contributed assets or the economic benefits embodied in those assets. Donor-imposed restrictions that expire with the passage of time or that can be removed by meeting certain requirements result in temporarily restricted net assets.

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

Metro Health Corporation and Affiliates

Notes to Consolidated Financial Statements

June 30, 2013 and 2012

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

Net Patient Service Revenue - The Corporation has agreements with third-party payors that provide for payments to the Corporation at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactively calculated adjustments arising under reimbursement agreements with third-party payors are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods, as final settlements are determined.

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

The Corporation recognizes patient service revenue associated with services provided to patients who have third-party coverage on the basis of contractual rates for the services rendered. For uninsured patients that do not qualify for charity care, the Hospital recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy). On the basis of historical experience, a significant portion of the Corporation's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Corporation records a significant provision for bad debts related to uninsured patients in the period the services are provided. Patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts), recognized in the period from these major payor sources in total was \$320,261,587 and \$306,858,025 for the years ended June 30, 2013 and 2012, respectively. In 2013, this amount is made up of amounts from third-party payors of \$303,325,632 and amounts from self-pay payors of \$16,935,955. In 2012, this amount is made up of amounts from third-party payors of \$292,359,298 and amounts from self-pay payors of \$14,498,727.

Capitated Revenue - The Hospital and ME have agreements with various health maintenance organizations (HMOs) to provide medical services to subscribing participants. Under these agreements, the Hospital and ME receive monthly capitation payments based on the number of each HMO's participants, regardless of services actually performed. In addition, the HMOs make fee-for-service payments for certain covered services based on discounted fee schedules.

Metro Health Corporation and Affiliates

Notes to Consolidated Financial Statements June 30, 2013 and 2012

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

Professional and Other Liability Insurance - The Corporation and its subsidiaries accrue an estimate of the ultimate expense, including litigation and settlement expense, net of applicable reinsurance coverage, for incidents of potential improper professional service and other liability claims occurring during the year, as well as for those claims that have not been reported at year end (see Note 13).

Charity Care - Subsidiaries of the Corporation provide care to patients who meet certain criteria under its charity care policy without charge or at amounts less than established rates. Charity care is determined based on established policies, using patient income and assets to determine payment ability. The amount reflects the cost of free or discounted health services, net of contributions and other revenues received, as direct assistance for the provision of charity care. The estimated cost of providing charity services is based on data derived from the Hospital's cost accounting system. Because the Corporation does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue (see Note 4).

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

Tax Status - The Corporation and its subsidiaries are nonprofit, tax-exempt organizations (except for ME); accordingly, no tax provision is reflected in the consolidated financial statements. The provision for taxes related to ME is not material to the consolidated financial statements. ASC is a limited liability corporation and thus no provision has been recorded.

The Corporation and its subsidiaries are subject to routine audits by taxing jurisdictions; however, no audits for any tax periods are currently in progress. With few exceptions, the Corporation is no longer subject to U.S. federal, state and local, or non-U.S. income tax examinations by tax authorities for years before June 30, 2010.

The Corporation has adopted accounting standards related to uncertain tax positions and, accordingly, reviewed all tax positions. The evaluated potential exposure related to the uncertain tax positions was found to be immaterial.

Metro Health Corporation and Affiliates

Notes to Consolidated Financial Statements June 30, 2013 and 2012

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

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

Subsequent Events - The consolidated financial statements and related disclosures include evaluation of events up through and including September 19, 2013, which is the date the consolidated financial statements were available to be issued.

Note 2 - Patient Accounts Receivable

The details of patient accounts receivable are set forth below:

	2013	2012
Patient accounts receivable	\$ 73,128,451	\$ 70,740,082
Less:		
Allowance for uncollectible accounts	(3,791,259)	(4,319,518)
Allowance for contractual adjustments	(36,692,460)	(34,317,447)
Net patient accounts receivable	32,644,732	32,103,117
Other	143,171	143,198
Total accounts receivable	<u>\$ 32,787,903</u>	<u>\$ 32,246,315</u>

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

	Percent	
	2013	2012
Medicare	37	35
Blue Cross/Blue Shield of Michigan	18	17
Medicaid	14	17
Commercial insurance and HMOs	26	26
Self-pay	5	5
Total	<u>100</u>	<u>100</u>

Metro Health Corporation and Affiliates

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 3 - Cost Report Settlements

Subsidiaries of the Corporation have agreements with third-party payors that provide for reimbursement at amounts different from established rates. A summary of the basis of reimbursement with these third-party payors for the Hospital and ME are as follows:

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

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

The Medicare program has initiated a recovery audit contractor (RAC) initiative, whereby claims subsequent to October 1, 2007 will be reviewed by contractors for validity, accuracy, and proper documentation. The Corporation is unable to determine the extent of exposure for overpayments or underpayments found in an audit. The potential exists for overpayment of claims liability for the Hospital at a future date.

During 2007, the Hospital received notice from the Medicare program regarding a change in interpretation of qualifying disproportionate share days related to the 2003 and 2004 cost reports, as part of the cost report finalization process for these years.

Metro Health Corporation and Affiliates

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 3 - Cost Report Settlements (Continued)

The interpretation change, along with a regulation change by Medicare in 2005 that the Hospital has brought to court, resulted in a significant reduction of disproportionate share reimbursement for 2003 through 2007 on the cost report. The impact of the change in interpretation and regulation for the years ended 2003 through 2007 was approximately \$14 million. The Hospital and its legal counsel appealed the interpretation change with the Medicare program and brought suit in federal court related to the regulation change. During 2010, the federal district court issued an opinion agreeing with the Hospital's position. The court has ordered the Hospital and Medicare to submit a final judgment for the amount owed to the Hospital. The Hospital has recognized a receivable for this amount, given the Hospital's position and the district court's ruling.

During 2013, the Appellate Court reversed the federal district court's decision. Since the Hospital did not prevail in the appeal process, the Hospital has recognized a write-off of the receivable from Medicare as a reduction of revenue in 2013. The amount is shown separately on the consolidated statement of operations and changes in net assets.

Note 4 - Community Benefit

The mission of the Corporation is to improve the health and well-being of its communities. That mission is accomplished in a number of ways, many of them through the community outreach programs and services as well as support provided to the indigent and most vulnerable members of our community. The following is an unaudited estimated summary of the Corporation's community benefit expense at cost for the years ended June 30, 2013 and 2012:

	2013	2012
Community health improvement	\$ 228,000	\$ 210,000
Research	301,000	309,000
Health professions education	11,627,000	9,419,000
Financial and in-kind contributions	187,000	145,000
Community building activities	11,000	41,000
Traditional charity care	6,034,000	6,310,000
Unpaid costs for government program patients	24,955,000	24,234,000
Uninsured - Bad debts	6,237,000	6,423,000
Total	<u>\$ 49,580,000</u>	<u>\$ 47,091,000</u>
Percentage of net revenue	<u>15.8 %</u>	<u>15.7 %</u>

Metro Health Corporation and Affiliates

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 4 - Community Benefit (Continued)

Community Health Improvement - These activities are carried out to improve community health and include community health education and prevention services. These activities extend beyond patient care and are directed to individuals and to a larger population. Such services do not generate patient bills, although some may involve a nominal fee.

Research - Research includes clinical and community health research, as well as studies on healthcare delivery that are generalizable, shared with the public, and funded by the government or a tax-exempt entity (including the Corporation itself). Grant funding does not need to be accounted for as offsetting revenue but should be tracked for budget and planning purposes.

Health Professions Education - This includes all educational programs the Corporation is involved with that are open to all health professionals in the community or that result in a degree or training necessary to practice as a health professional. This does not include orientation, in-service training, or other education exclusively for the Corporation's staff.

Subsidized Health Services - These are negative-margin services provided despite a finance loss (after removing losses from Medicaid, charity care, and bad debt). Subsidized services are provided because they meet a community need.

Financial and In-kind Contributions - These are contributions made by the Corporation to community groups and programs that provide community benefit. In-kind contributions include the cost of staff time when activities are done by staff on the Corporation's payroll during working hours.

Community Building Activities - These activities seek to address the root causes of health problems, such as poverty, homelessness, and environmental hazards. They include such things as housing, economic development, and coalition building.

Traditional Charity Care - This includes free and discounted health services provided to persons who cannot afford to pay and meet the Corporation's financial assistance policies. This includes the actual cost, not what would have been charged for care, and does not include bad debt.

Unpaid Costs for Government Program Patients - This is shortfall created when a facility received payments below the costs of treating Medicare and Medicaid patients.

Uninsured - Bad Debts - This is the amount of uncompensated care to uninsured and underinsured patients.

Metro Health Corporation and Affiliates

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 5 - Property and Equipment

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

	<u>2013</u>	<u>2012</u>	<u>Depreciable Life - Years</u>
Land	\$ 8,680,391	\$ 9,414,904	-
Leasehold and land improvements	6,477,883	6,248,619	5-35
Buildings	187,418,244	184,238,693	5-50
Equipment	156,772,758	150,103,185	3-7
Construction in progress	<u>2,809,185</u>	<u>2,096,761</u>	-
Total cost	362,158,461	352,102,162	
Accumulated depreciation	<u>(145,766,018)</u>	<u>(126,905,203)</u>	
Net property and equipment	<u>\$ 216,392,443</u>	<u>\$ 225,196,959</u>	

The cost of assets under the capital lease is \$19,500,000 and \$17,800,000 as of June 30, 2013 and 2012, respectively, with an accumulated amortization of approximately \$3,805,000 and \$3,554,000 at June 30, 2013 and 2012, respectively. Buildings and improvements comprise the assets under the capital lease.

Depreciation expense totaled \$19,849,017 and \$18,181,690 for the years ended June 30, 2013 and 2012, respectively.

Metro Health Corporation and Affiliates

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 6 - Other Assets

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

	2013	2012
Investments - At market value:		
Assets limited as to use and temporarily restricted:		
Funds held by trustees under bond indenture	\$ 17,125,526	\$ 16,205,351
Funds held in trust for payment of professional and other liability claims	3,827,341	3,561,861
By board of trustees for future capital improvements	15,546,820	14,697,442
Funds held at Foundation for benefit of the Hospital	10,226,177	8,898,896
Total investments	46,725,864	43,363,550
Deferred charge - Bond issue costs	2,981,467	3,096,247
Pledges receivable	796,565	1,104,309
Long-term notes receivable	403,872	1,578,180
Other	9,226,988	8,212,941
Total other assets	\$ 60,134,756	\$ 57,355,227

Investments, other than funds held under bond indenture, consist of the following:

	2013	2012
Money market investments	\$ 2,568,960	\$ 2,444,775
Government securities	1,965,366	2,555,566
Mutual funds	3,852,702	3,715,850
Corporate bonds	3,229,079	2,773,312
Common stock	13,099,469	10,617,985
Alternative investments and hedge funds	4,884,762	5,050,711
Total	\$ 29,600,338	\$ 27,158,199

Investments in funds held under bond indenture consist of the following:

	2013	2012
Money market investments	\$ 9,889,039	\$ 5,622,224
Government securities	7,236,487	10,583,127
Total	\$ 17,125,526	\$ 16,205,351

Metro Health Corporation and Affiliates

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 6 - Other Assets (Continued)

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

Investment income and gains and losses are comprised of the following and are included in other income (loss) in the consolidated statement of operations and changes in net assets for the years ended June 30, 2013 and 2012:

	2013	2012
Dividend and interest income included in other income	\$ 643,806	\$ 689,413
Gain on sale of investments	664,418	49,553
Change in net unrealized gains (losses) on investments	385,853	(831,463)
Total	<u>\$ 1,694,077</u>	<u>\$ (92,497)</u>

Note 7 - Fair Value Measurements

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

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

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets or liabilities that the Corporation has the ability to access.

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

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

Metro Health Corporation and Affiliates

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 7 - Fair Value Measurements (Continued)

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

The Corporation's investments measured at fair value are included in other assets and short-term investments on the consolidated balance sheet. In addition to the investments at fair value outlined below, other assets on the consolidated balance sheet include money market investments of \$12,457,999 and \$8,066,999 at June 30, 2013 and 2012, respectively, and other long-term assets of \$13,408,892 and \$13,991,677 at June 30, 2013 and 2012, respectively.

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

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Balance at June 30, 2013
U.S. government securities	\$ -	\$ 9,201,853	\$ -	\$ 9,201,853
Mutual funds	3,852,702	-	-	3,852,702
Corporate bonds	-	3,229,079	-	3,229,079
Common stocks	13,099,469	-	-	13,099,469
Alternative investments - Diversified managed futures	-	-	2,589,836	2,589,836
Alternative investments - Diversified hedge fund of funds	-	-	2,294,926	2,294,926
Total	<u>\$ 16,952,171</u>	<u>\$ 12,430,932</u>	<u>\$ 4,884,762</u>	<u>\$ 34,267,865</u>

Metro Health Corporation and Affiliates

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 7 - Fair Value Measurements (Continued)

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

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Balance at June 30, 2012
U.S. government securities	\$ -	\$ 13,138,693	\$ -	\$ 13,138,693
Mutual funds	3,715,850	-	-	3,715,850
Corporate bonds	-	2,773,312	-	2,773,312
Common stocks	10,617,985	-	-	10,617,985
Alternative investments - Diversified managed futures	-	-	2,458,672	2,458,672
Alternative investments - Diversified hedge fund of funds	-	-	2,592,039	2,592,039
Total	<u>\$ 14,333,835</u>	<u>\$ 15,912,005</u>	<u>\$ 5,050,711</u>	<u>\$ 35,296,551</u>

The diversified managed futures fund includes investments in publicly traded futures and forward contracts on exchanges globally. The contracts cover interest rates, equity indices, commodities, and currencies. The strategies follow price trends in those markets and can go long or short. The underlying inputs include both single-strategy and multi-strategy funds with the number of funds also set at the discretion of the manager. The fair values of the investments in this class have been estimated using the net asset value per share of the investment company.

The diversified hedge fund of funds invests in other hedge funds. The strategies include trading strategies, event-driven, long-short equity, credit investments, private equity, and natural resources. The fair values of the investments in this class have been estimated using the net asset value per share of the investment company.

The Corporation's policy is to recognize transfers in and transfers out of Level 1, 2, and 3 fair value classifications as of the end of the reporting period.

The following table sets forth a summary of the changes in the fair value of the Corporation's Level 3 assets for the years ended June 30, 2013 and 2012.

	Fair Value at July 1, 2012	Net Purchases and Issuances (Sales and Settlements)	Total Realized Losses	Total Unrealized Gains	Fair Value at June 30, 2013
Alternative investments	<u>\$ 5,050,711</u>	<u>\$ (201,422)</u>	<u>\$ (88,329)</u>	<u>\$ 123,802</u>	<u>\$ 4,884,762</u>

Metro Health Corporation and Affiliates

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 7 - Fair Value Measurements (Continued)

	Fair Value at July 1, 2012	Net Purchases and Issuances (Sales and Settlements)	Total Realized Losses	Total Unrealized Gains	Fair Value at June 30, 2012
Alternative investments	\$ 4,095,968	\$ 2,481,607	\$ (1,618,245)	\$ 91,381	\$ 5,050,711

Investments in Entities that Calculate Net Asset Value per Share

The Corporation holds shares or interests in investment companies at year end whereby the fair value of the investment held is estimated based on the net asset value per share (or its equivalent) of the investment company.

At year end, the fair value, unfunded commitments, and redemption rules of those investments are as follows:

Investments Held at June 30, 2013

	Fair Value	Unfunded Commitments	Redemption Frequency, if Eligible	Redemption Notice Period
Diversified managed futures	\$ 2,589,836	\$ -	Bi-monthly	10 days
Diversified hedge fund of funds	2,195,177	-	Quarterly	45 days
Diversified hedge fund of funds	75,368	-	Upon request	None
Diversified hedge fund of funds	24,381	-	Quarterly	35 days
Total	\$ 4,884,762	\$ -		

Investments Held at June 30, 2012

	Fair Value	Unfunded Commitments	Redemption Frequency, if Eligible	Redemption Notice Period
Diversified managed futures	\$ 2,458,672	\$ -	Bi-monthly	10 days
Diversified hedge fund of funds	2,434,138	-	Quarterly	45 days
Diversified hedge fund of funds	131,816	-	Upon request	None
Diversified hedge fund of funds	26,085	-	Quarterly	35 days
Total	\$ 5,050,711	\$ -		

Note 8 - Line of Credit

The Hospital has an unsecured operating line of credit with a local bank in the amount of \$1,500,000 at June 30, 2013 and 2012, with an interest rate based on the bank's prime rate. The current year line of credit expires on July 1, 2014. Outstanding borrowings at June 30, 2013 and 2012 were \$1,300,000. The effective interest rate on the line of credit at June 30, 2013 and 2012 was 3.69 percent and 3.49 percent, respectively.

Metro Health Corporation and Affiliates

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 9 - Long-term Debt

Long-term debt at June 30 is as follows:

	2013	2012
Bonds payable, Series 2005A	\$ 129,405,000	\$ 130,875,000
Original issue premium	3,642,017	3,808,193
Capital lease obligations	14,566,374	13,661,624
Bonds payable, Series 2012	56,550,000	57,700,000
Bank term note 1	4,272,211	5,376,228
Bank term note 2	3,454,018	3,280,799
Note payable	2,182,665	1,811,704
Total	214,072,285	216,513,548
Less current portion	6,473,301	5,794,000
Long-term portion	<u>\$ 207,598,984</u>	<u>\$ 210,719,548</u>

Bonds payable, Series 2005A consist of hospital revenue bonds issued by Kent Hospital Finance Authority. The bonds consist of serial bonds payable in annual installments through July 1, 2015, ranging from \$1,525,000 to \$1,645,000 at an interest rate of 5.50 percent and term bonds payable in annual installments beginning in 2016 through 2040, ranging from \$1,710,000 to \$9,815,000, at interest rates ranging from 5.25 percent to 6.25 percent. The bonds were issued by the Obligated Group, which consists of the Hospital, the Foundation, and MHC. The bonds are collateralized by certain assets of the Hospital and are payable from the net revenue of the Obligated Group.

Bonds payable, Series 2012 consist of variable rate demand revenue refunding bonds issued by Kent Hospital Finance Authority. The bonds consist of variable rate bonds payable in annual installments through 2041, ranging from \$1,200,000 to \$2,900,000, plus interest at a variable rate, an effective rate of 0.07 percent and 0.30 percent at June 30, 2013 and 2012, respectively, plus a letter of credit fee. The variable rate bonds are remarketed on a weekly basis. Should the remarketing agent be unable to remarket the bonds based on its best efforts, the bonds would be put back on the bond trustee, who would draw down on the letter of credit to pay down the bonds. The reimbursement agreement calls for the Hospital to reimburse the letter of credit bank for any remarketing draws on a payment schedule consistent with the original bonds, with the remaining balance due at the expiration of the letter of credit. The letter of credit expires on April 16, 2017.

The bonds were issued by the Obligated Group, which consists of the Hospital, the Foundation, and MHC. The bonds are collateralized by certain assets of the Hospital and are payable from the net revenue of the Obligated Group.

Metro Health Corporation and Affiliates

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 9 - Long-term Debt (Continued)

Under terms of the bond agreements, the Hospital is required to comply with certain financial covenants relating to net assets, capital expenditures, and debt service coverage ratios.

The capital lease obligation consists of capital leases entered into for various medical plazas. The capital leases require monthly payments of approximately \$149,000, including interest at imputed rates ranging from 6.5 percent to approximately 10.9 percent. The capital leases expire at various times from July 2023 to December 2028.

Bank term note 1, bearing interest at a fixed rate of 4.35 percent, is payable in monthly installments of \$109,908 including both principal and interest, collateralized by certain equipment. The note is due in December 2016.

Bank term note 2, bearing interest at a fixed rate of 4.15 percent, is payable in monthly installments of \$74,277 including both principal and interest, collateralized by certain equipment. The note is due in April 2017.

Note payable to bank, bearing interest at a fixed rate of 3.55, is payable in monthly installments of \$54,618 including both principal and interest, collateralized by certain equipment, due in May 2015.

Minimum principal payments on debt to maturity as of June 30, 2013 are as follows:

2014	\$ 6,473,301
2015	5,433,212
2016	5,635,935
2017	4,588,821
2018	3,329,910
Thereafter	<u>188,611,106</u>
Total	<u>\$ 214,072,285</u>

Metro Health Corporation and Affiliates

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 9 - Long-term Debt (Continued)

Future minimum lease payments of the capital leases as of June 30, 2013 are as follows:

2014	\$ 1,819,426
2015	1,850,344
2016	1,880,415
2017	1,911,098
2018	1,945,001
Thereafter	<u>12,315,314</u>
Total minimum lease payments	21,721,598
Less amount representing interest	<u>(7,155,224)</u>
Present value of minimum lease payments	<u>\$ 14,566,374</u>

Note 10 - Accrued and Other Current Liabilities

The details of accrued liabilities at June 30 are as follows:

	2013	2012
Payroll and related items	\$ 5,833,282	\$ 4,966,137
Compensated absences	4,443,355	4,345,187
Interest	3,815,933	3,849,673
Other	<u>3,204</u>	<u>2,474</u>
Total accrued liabilities	<u>\$ 14,095,774</u>	<u>\$ 13,163,471</u>

Note 11 - Other Liabilities

The detail of other liabilities is given below:

	2013	2012
Accrued defined benefit pension cost (Note 12)	\$ 26,302,235	\$ 32,835,258
Accrued professional and other liability claims (Note 13)	1,640,192	967,860
Accrued defined contribution pension cost	1,861,655	1,750,149
Other	<u>806,733</u>	<u>490,407</u>
Total other liabilities	<u>\$ 30,610,815</u>	<u>\$ 36,043,674</u>

Metro Health Corporation and Affiliates

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 12 - Pension Plans

The Hospital has a noncontributory, defined benefit pension plan covering substantially all employees. The plan generally provides benefits based on each employee's years of service and final average earnings (as defined). The Hospital intends to annually contribute amounts deemed necessary, if any, to maintain the plan on a sound actuarial basis. Effective December 31, 2007, the Hospital elected to freeze the pension plan for all employees.

The following table sets forth the funded status of the plan and other information as of and for the years ended June 30, 2013 and 2012, the measurement dates for the plan:

	2013	2012
Accumulated benefit obligation	<u>\$ (84,627,522)</u>	<u>\$ (86,195,416)</u>
Projected benefit obligation	<u>\$ (84,627,522)</u>	<u>\$ (86,195,416)</u>
Plan assets at fair value	<u>58,325,287</u>	<u>53,360,158</u>
Funded status	<u>\$ (26,302,235)</u>	<u>\$ (32,835,258)</u>
Total accrued pension liability	<u>\$ (26,302,235)</u>	<u>\$ (32,835,258)</u>
Net periodic pension cost	\$ 365,850	\$ 29,773
Employer contributions	3,729,877	2,260,265
Benefits paid	2,154,346	1,486,887
Actuarial assumptions used to determine benefit obligations at June 30 - Weighted average discount rate	4.80 %	4.50 %
Actuarial assumptions used to determine net periodic benefit cost for the year ended June 30:		
Weighted average discount rate	4.50 %	5.80 %
Expected rate of return on plan assets	8.50 %	8.50 %

The estimated net loss and prior service cost for the defined benefit pension plan that will be amortized from net assets into net periodic benefit cost over the next fiscal year is \$1,030,832.

In selecting the expected long-term rate of return on assets, the Hospital considered the average rate of earnings expected on the funds invested or to be invested to provide for the benefits of the plan. This included considering the allocation of trust assets and the expected returns likely to be earned over the life of the plan. The Hospital's historical rate of return on a fiscal-year basis averaged approximately 8.5 percent per annum for the 10-year period ended June 30, 2013.

Metro Health Corporation and Affiliates

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 12 - Pension Plans (Continued)

The Hospital's pension plan asset allocation at June 30, 2013 and 2012, by asset category as a percentage, is as follows:

	Percent	
	2013	2012
Cash and cash equivalents	3	5
Equity securities	49	48
Debt securities	34	31
Alternative investments and hedge funds	14	16
Total	100	100

The Hospital expects to contribute \$2,028,225 to its pension plan in 2014. The following benefit payments, which reflect expected future services, as appropriate, are expected to be paid:

2014	\$ 3,322,493
2015	3,644,694
2016	3,564,609
2017	3,907,182
2018	4,452,978
2019 -2023	24,142,302

The Hospital's pension plan had \$1,729,060 of cash and cash equivalents at June 30, 2013, which is stated at fair value. The fair values of the Hospital's pension plan assets at June 30, 2013 by major asset categories are as follows:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Common stocks and mutual funds	\$ 28,712,350	\$ -	\$ -
Fixed-income funds	-	19,898,434	-
Alternative investments	-	-	7,985,443

Metro Health Corporation and Affiliates

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 12 - Pension Plans (Continued)

The Hospital's pension plan had \$2,748,089 of cash and cash equivalents at June 30, 2012, which is stated at fair value. The fair values of the Hospital's pension plan assets at June 30, 2012 by major asset categories are as follows:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Common stocks and mutual funds	\$ 25,533,195	\$ -	\$ -
Fixed-income funds	-	16,653,507	-
Alternative investments	-	-	8,425,367

The above tables present information about the pension plan assets measured at fair value at June 30, 2013 and 2012 and the valuation techniques used by the Hospital to determine those fair values.

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

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

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset.

The following table sets forth a summary of the changes in the fair value of the Corporation's Level 3 assets for the years ended June 30, 2013 and 2012:

	Fair Value at July 1, 2012	Purchases	Sales	Total Unrealized and Realized Gains (Net)	Fair Value at June 30, 2013
Alternative investments	\$ 8,425,367	\$ -	\$ (611,453)	\$ 171,529	\$ 7,985,443

	Fair Value at July 1, 2011	Purchases	Sales	Total Unrealized and Realized Gains (Net)	Fair Value at June 30, 2012
Alternative investments	\$ 8,704,338	\$ -	\$ (107,773)	\$ (171,198)	\$ 8,425,367

Metro Health Corporation and Affiliates

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 12 - Pension Plans (Continued)

The Hospital and other affiliates maintain defined contribution retirement plans covering substantially all employees. Contributions to the plans totaled \$3,737,185 and \$3,472,642 for the years ended June 30, 2013 and 2012, respectively.

Note 13 - Professional Liability Self-Insurance

The Hospital maintains a program of self-insurance for professional and other liability claims up to \$3 million. A revocable trust is maintained with a trustee to provide funds for payment of any future settlements. The Hospital makes necessary contributions to the trust fund, as determined by an independent actuary, to adequately provide for asserted or expected claims. The Hospital also purchased excess liability coverage from independent carriers at varying limits, on an occurrence-made basis.

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

The assets of the trusts are included in the consolidated balance sheet with assets limited as to use (see Note 6).

Note 14 - Operating Leases

The Corporation is obligated under certain operating leases, primarily for facilities and equipment. Total rent expense under these leases was approximately \$10,930,000 and \$13,300,000 for the years ended June 30, 2013 and 2012, respectively.

Future minimum rental commitments are as follows:

<u>Years Ending June 30</u>	<u>Amount</u>
2014	\$ 11,415,000
2015	10,456,000
2016	9,611,000
2017	8,139,000
2018	6,006,000
Thereafter	39,205,000
Total	<u>\$ 84,832,000</u>

Metro Health Corporation and Affiliates

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 15 - Functional Expenses

The Corporation is a major provider of inpatient and outpatient healthcare services to patients in Kent and Ottawa Counties and their vicinities. Expenses related to providing these services for the years ended June 30 are as follows:

	2013	2012
Healthcare services	\$ 253,268,055	\$ 244,416,697
General and administrative	51,261,714	49,346,803
Total	<u>\$ 304,529,769</u>	<u>\$ 293,763,500</u>

Note 16 - Fair Value of Financial Instruments

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

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

Investments - Investments are recorded at fair value in the accompanying consolidated financial statements. Fair value is determined based on the fair value measurement principles outlined in Note 7.

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

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

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

Note 17 - Sale and Leaseback of Plazas

During 2004, the Hospital entered into an agreement to sell various medical plazas and then lease the plazas back under lease arrangements for 20 years. The sale price of the plazas was \$13,000,000, resulting in a gain on sale of approximately \$1,770,000. The leases are treated as capital leases and the gain on the sale of the plazas was deferred and recognized over the period of the lease.

Metro Health Corporation and Affiliates

Notes to Consolidated Financial Statements June 30, 2013 and 2012

Note 18 - Contingency

During 2012, the Hospital became aware of a matter related to documentation of financial arrangements with a physician. The Hospital believes that the issue has been corrected, and the Hospital has disclosed the matter to CMS and is currently working with CMS to resolve the issue. The Hospital is unable to determine any potential liability, if any, at this time.

Additional Information



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Independent Auditor's Report on Additional Information

To the Board of Directors
Metro Health Corporation and Affiliates

We have audited the consolidated financial statements of Metro Health Corporation and Affiliates as of and for the years ended June 30, 2013 and 2012. Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The following consolidating statements, as listed in the table of contents, are presented for the purpose of additional analysis rather than to present the financial position, results of operations, and cash flows of the individual companies and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Plante & Moran, PLLC

September 19, 2013

Metro Health Corporation and Affiliates

Consolidating Balance Sheet June 30, 2013

	Metro Health Hospital	Metropolitan Enterprises	Metro Health Hospital Foundation	Metro Health Corporation	Metro Health ASC, LLC	Eliminations	Total
Assets							
Current Assets							
Cash and cash equivalents	\$ 51,409,645	\$ 841,009	\$ 618,681	\$ -	\$ 764,911	\$ -	\$ 53,634,246
Short-term investments	9,979,725	-	-	-	-	-	9,979,725
Accounts receivable - Net	29,627,847	2,203,187	-	-	956,869	-	32,787,903
Other current assets	7,205,144	217,862	-	-	482,407	-	7,905,413
Total current assets	98,222,361	3,262,058	618,681	-	2,204,187	-	104,307,287
Property and Equipment - Net	214,137,839	188,629	-	-	2,065,975	-	216,392,443
Other Assets	54,327,341	50,488	11,022,742	256,552	117,240	(5,639,607)	60,134,756
Total assets	<u>\$ 366,687,541</u>	<u>\$ 3,501,175</u>	<u>\$ 11,641,423</u>	<u>\$ 256,552</u>	<u>\$ 4,387,402</u>	<u>\$ (5,639,607)</u>	<u>\$ 380,834,486</u>
Liabilities and Net Assets							
Current Liabilities							
Bank line of credit	\$ 1,300,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,300,000
Current portion of long-term debt	5,672,224	-	-	-	859,340	(58,263)	6,473,301
Accounts payable	17,294,515	7,979,787	95,630	-	561,917	(5,636,925)	20,294,924
Cost report settlements payable	12,517,130	-	-	-	-	-	12,517,130
Deferred revenue	892,357	-	-	-	-	-	892,357
Accrued liabilities and other	13,746,292	349,482	-	-	-	-	14,095,774
Total current liabilities	51,422,518	8,329,269	95,630	-	1,421,257	(5,695,188)	55,573,486
Long-term Debt - Net of current portion	206,330,920	-	-	-	1,323,316	(55,252)	207,598,984
Other Liabilities	30,610,815	-	-	-	-	-	30,610,815
Total liabilities	288,364,253	8,329,269	95,630	-	2,744,573	(5,750,440)	293,783,285
Net Assets							
Unrestricted	78,323,288	(4,828,094)	5,622,787	256,552	1,642,829	110,833	81,128,195
Temporarily restricted	-	-	5,723,006	-	-	-	5,723,006
Permanently restricted	-	-	200,000	-	-	-	200,000
Total net assets	<u>78,323,288</u>	<u>(4,828,094)</u>	<u>11,545,793</u>	<u>256,552</u>	<u>1,642,829</u>	<u>110,833</u>	<u>87,051,201</u>
Total liabilities and net assets	<u>\$ 366,687,541</u>	<u>\$ 3,501,175</u>	<u>\$ 11,641,423</u>	<u>\$ 256,552</u>	<u>\$ 4,387,402</u>	<u>\$ (5,639,607)</u>	<u>\$ 380,834,486</u>

Metro Health Corporation and Affiliates

Consolidating Statement of Operations and Changes in Net Assets Year Ended June 30, 2013

	Metro Health Hospital	Metropolitan Enterprises	Metro Health Hospital Foundation	Metro Health Corporation	Metro Health ASC, LLC	Eliminations	Total
Unrestricted Revenue, Gains, and Other Support							
Net patient service revenue	\$ 278,333,165	\$ 31,564,137	\$ -	\$ -	\$ 10,364,285	\$ -	\$ 320,261,587
Provision for bad debts	(17,402,025)	(1,252,325)	-	-	-	-	(18,654,350)
Net patient service revenue less provision for bad debts	260,931,140	30,311,812	-	-	10,364,285	-	301,607,237
Capitation revenue	-	4,213,099	-	-	-	-	4,213,099
Other	16,488,238	426,116	-	-	4,160	(9,229,842)	7,688,672
Total unrestricted revenue, gains, and other support	277,419,378	34,951,027	-	-	10,368,445	(9,229,842)	313,509,008
Expenses							
Salaries	93,401,884	24,689,240	-	-	1,639,366	-	119,730,490
Fringe benefits	23,405,661	4,360,164	-	-	395,335	(3,232,979)	24,928,181
Supplies	47,301,374	3,245,601	-	-	3,348,907	-	53,895,882
Purchased services	39,823,715	3,896,764	-	-	563,089	(2,099,062)	42,184,506
Other	30,652,135	4,670,733	-	-	1,308,176	(3,897,801)	32,733,243
Depreciation and amortization	19,742,830	109,201	-	-	432,490	-	20,284,521
Interest expense	10,706,567	-	-	-	66,379	-	10,772,946
Total expenses	265,034,166	40,971,703	-	-	7,753,742	(9,229,842)	304,529,769
Operating Income (Loss) Before Loss on Medicare Cost Report Appeal	12,385,212	(6,020,676)	-	-	2,614,703	-	8,979,239
Loss on Medicare Cost Report Appeal	(14,443,108)	-	-	-	-	-	(14,443,108)
Operating (Loss) Income	(2,057,896)	(6,020,676)	-	-	2,614,703	-	(5,463,869)
Other Income (Loss)							
Investment income	854,559	-	448,032	-	5,633	-	1,308,224
Contributions	-	-	61,288	-	-	-	61,288
Change in unrealized investment income	276,260	-	109,593	-	-	-	385,853
Other income (loss)	29,795	-	(948,166)	18,452	79,600	(498,309)	(1,318,628)
Total other (loss) income	1,160,614	-	(329,253)	18,452	85,233	(498,309)	436,737
Excess of Revenue Over (Under) Expenses	(897,282)	(6,020,676)	(329,253)	18,452	2,699,936	(498,309)	(5,027,132)
Transfer (to) from Affiliate	(5,691,648)	5,691,648	-	-	-	-	-
Distribution to Noncontrolling Member	-	-	-	-	(2,069,812)	1,055,604	(1,014,208)
Pension-related Changes Other than Net Periodic Benefit Cost	3,142,246	-	-	-	-	-	3,142,246
Net Assets Released from Restriction	-	-	793,328	-	-	-	793,328
(Decrease) Increase in Unrestricted Net Assets	\$ (3,446,684)	\$ (329,028)	\$ 464,075	\$ 18,452	\$ 630,124	\$ 557,295	\$ (2,105,766)

Metro Health Corporation and Affiliates

Consolidating Balance Sheet Including Metropolitan Obligated Group June 30, 2013

	Metropolitan Obligated Group	Nonobligated Group Members	Eliminations	Total
Assets				
Current Assets				
Cash and cash equivalents	\$ 52,028,326	\$ 1,605,920	\$ -	\$ 53,634,246
Short-term investments	9,979,725	-	-	9,979,725
Accounts receivable - Net	29,627,847	3,160,056	-	32,787,903
Other current assets	7,205,144	700,269	-	7,905,413
Total current assets	98,841,042	5,466,245	-	104,307,287
Property and Equipment - Net	214,137,839	2,254,604	-	216,392,443
Other Assets	65,606,635	167,728	(5,639,607)	60,134,756
Total assets	<u>\$ 378,585,516</u>	<u>\$ 7,888,577</u>	<u>\$ (5,639,607)</u>	<u>\$ 380,834,486</u>
Liabilities and Net Assets (Deficit)				
Current Liabilities				
Bank line of credit	\$ 1,300,000	\$ -	\$ -	\$ 1,300,000
Current portion of long-term debt	5,672,224	859,340	(58,263)	6,473,301
Accounts payable	17,390,145	8,541,704	(5,636,925)	20,294,924
Cost report settlements payable	12,517,130	-	-	12,517,130
Deferred revenue	892,357	-	-	892,357
Accrued liabilities and other	13,746,292	349,482	-	14,095,774
Total current liabilities	51,518,148	9,750,526	(5,695,188)	55,573,486
Long-term Debt - Net of current portion	206,330,920	1,323,316	(55,252)	207,598,984
Other Liabilities	30,610,815	-	-	30,610,815
Total liabilities	288,459,883	11,073,842	(5,750,440)	293,783,285
Net Assets (Deficit)				
Unrestricted	84,202,627	(3,185,265)	110,833	81,128,195
Temporarily restricted	5,723,006	-	-	5,723,006
Permanently restricted	200,000	-	-	200,000
Total net assets (deficit)	90,125,633	(3,185,265)	110,833	87,051,201
Total liabilities and net assets (deficit)	<u>\$ 378,585,516</u>	<u>\$ 7,888,577</u>	<u>\$ (5,639,607)</u>	<u>\$ 380,834,486</u>

Metro Health Corporation and Affiliates

Consolidating Statement of Operations Including Metropolitan Obligated Group Year Ended June 30, 2013

	Metropolitan Obligated Group	Nonobligated Group Members	Eliminations	Total
Unrestricted Revenue, Gains, and Other Support				
Net patient service revenue	\$ 278,333,165	\$ 41,928,422	\$ -	\$ 320,261,587
Provision for bad debts	(17,402,025)	(1,252,325)	-	(18,654,350)
Net patient service revenue less provision for bad debts	260,931,140	40,676,097	-	301,607,237
Capitation revenue	-	4,213,099	-	4,213,099
Other	16,488,238	430,276	(9,229,842)	7,688,672
Total unrestricted revenue, gains, and other support	277,419,378	45,319,472	(9,229,842)	313,509,008
Expenses				
Salaries	93,401,884	26,328,606	-	119,730,490
Fringe benefits	23,405,661	4,755,499	(3,232,979)	24,928,181
Supplies	47,301,374	6,594,508	-	53,895,882
Purchased services	39,823,715	4,459,853	(2,099,062)	42,184,506
Other	30,652,135	5,978,909	(3,897,801)	32,733,243
Depreciation and amortization	19,742,830	541,691	-	20,284,521
Interest expense	10,706,567	66,379	-	10,772,946
Total expenses	265,034,166	48,725,445	(9,229,842)	304,529,769
Operating Income (Loss) Before Medicare Settlement	12,385,212	(3,405,973)	-	8,979,239
Loss on Medicare Settlement	(14,443,108)	-	-	(14,443,108)
Operating Loss	(2,057,896)	(3,405,973)	-	(5,463,869)
Other Income	849,813	85,233	(498,309)	436,737
Excess of Expenditures Over Revenue	(1,208,083)	(3,320,740)	(498,309)	(5,027,132)
Transfer (to) from Affiliate	(5,691,648)	5,691,648	-	-
Distribution to Noncontrolling Member	-	(2,069,812)	1,055,604	(1,014,208)
Pension-related Changes Other than Net Periodic Benefit Cost	3,142,246	-	-	3,142,246
Net Assets Released from Restriction	793,328	-	-	793,328
(Decrease) Increase in Unrestricted Net Assets	(2,964,157)	301,096	557,295	(2,105,766)
Unrestricted Net Assets (Deficit) - Beginning of year	87,166,784	(3,486,361)	(446,462)	83,233,961
Unrestricted Net Assets (Deficit) - End of year	<u>\$ 84,202,627</u>	<u>\$ (3,185,265)</u>	<u>\$ 110,833</u>	<u>\$ 81,128,195</u>