

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

# 2008

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2008 calendar year, or tax year beginning 01-01-2008 and ending 12-31-2008**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization HURON VALLEY HOSPITAL INC	<b>D</b> Employer identification number 38-2155995
		Doing Business As HURON VALLEY-SINAI HOSPITAL	<b>E</b> Telephone number (248) 937-3374
		Number and street (or P O box if mail is not delivered to street address) Room/suite 1 WILLIAM CARLS DRIVE	<b>G</b> Gross receipts \$ 177,286,465
		City or town, state or country, and ZIP + 4 COMMERCE TOWNSHIP, MI 48382	
<b>F</b> Name and address of Principal Officer LYNN TOROSSIAN PRESIDENT 1 WILLIAM CARLS DRIVE COMMERCE TOWNSHIP, MI 483821271		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list See instructions ) <b>H(c)</b> Group Exemption Number ▶	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Web site: ▶ HVSH ORG			
<b>K</b> Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other ▶		<b>L</b> Year of Formation 1975	<b>M</b> State of legal domicile MI

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities See Additional Data Table		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	20
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	17
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	1,435
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	190
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	-94,531
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-94,531	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	1,322,181	507,325
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	162,248,168	175,562,883
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,209,217	399,752
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	106,141	29,579
		164,885,707	176,499,539
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	67,187,144	71,491,716
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> (Total fundraising expenses, Part IX, column (D), line 25 <u>490,347</u> )		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	86,960,141	94,013,277
	<b>18</b> Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A))	154,147,285	165,504,993
<b>19</b> Revenue less expenses Subtract line 18 from line 12	10,738,422	10,994,546	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	120,033,468	129,375,473
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	108,709,807	108,472,673
	11,323,661	20,902,800	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including all attachments, in its entirety and I believe, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Please Sign Here**

Signature of officer  
 WILLIAM LANTZY VICE PRESIDENT FINANCE  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4 \_\_\_\_\_

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission
See Additional Data Table

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 \$ 48,124,205 including grants of \$ ) (Revenue \$ 45,211,852 )
THE INTERNAL MEDICINE PROGRAM AT HURON VALLEY HOSPITAL, INC (HVH) TREATED 14,788 PATIENTS IN 2008 THIS REPRESENTS 3,828 INPATIENTS AND 10,960 OUTPATIENTS VOLUMES INCREASED OVER 2007 BY MORE THAN 4% AND THERE WAS ALSO A REDUCTION IN PATIENTS LENGTH OF STAY HVH HAS AN ARRAY OF SUBSPECIALTIES WHICH INCLUDE CARDIOVASCULAR SERVICES, CRITICAL CARE, GASTROENTEROLOGY, HEMATOLOGY, INFECTIOUS DISEASES AND MEDICAL ONCOLOGY HVH IS AN ACCREDITED CHEST PAIN CENTER WITH EMERGENCY ANGIOPLASTY DESIGNATION WHICH ALLOWS CARDIOLOGISTS TO OPEN UP ARTERIES OF THE HEART DURING A HEART ATTACK THIS IS AN EXCITING ADDITION TO HVH'S CONTINUUM OF CARDIOVASCULAR SERVICES WHICH ALREADY INCLUDE SCREENING, PREVENTION AND DIAGNOSTIC AND REHABILITATION SERVICES AS AN ACCREDITED CHEST PAIN CENTER, HVH OFFERS RAPID DIAGNOSIS AND FAST-TRACK TREATMENT BEFORE A CARDIAC SITUATION WORSENS, OFTEN PREVENTING A SEVERE HEART ATTACK FROM OCCURRING THE SOCIETY OF CHEST PAIN CENTERS AWARDED HVH THE THREE-YEAR ACCREDITATION WITH A PERCUTANEOUS CARDIAC INTERVENTION (PCI) DESIGNATION, THE ONLY HOSPITAL IN THE AREA TO BE AWARDED SUCH DESIGNATION PCI IS THE TECHNICAL NAME FOR ANGIOPLASTY, THE PROCESS OF CLEARING A BLOCKED OR NARROWED CORONARY ARTERY THAT COULD LEAD TO A HEART ATTACK THE ACCREDITATION FOLLOWS THE SOCIETY'S RIGOROUS REVIEW OF THE HOSPITAL'S CLINICAL PROTOCOLS AND THE PATIENT CARE IT PROVIDES CHEST PAIN PATIENTS DIAGNOSTICS TOP-QUALITY CARDIAC CARE INCLUDES STATE-OF-THE-ART DIAGNOSTIC TESTING THAT REVEALS A COMPREHENSIVE VIEW OF THE HEART OUR SPECIALISTS PROVIDE THE LATEST IN CARDIAC TESTING PROCEDURES - STRESS TESTING - CARDIOPULMONARY STRESS TESTING - PHARMACEUTICAL STRESS TESTING - CARDIAC CATHETERIZATION - TREADMILL TESTING - TILT TABLE STUDY - ECHOCARDIOGRAM - DOBUTAMINE ECHOCARDIOGRAM - STRESS ECHOCARDIOGRAM - TRANSESOPHAGEAL ECHOCARDIOGRAM - HOLTHER MONITORING - 30-DAY EVENT MONITORING - DIAGNOSIS AND TREATMENT OPTIONS FOR PERIPHERAL ARTERIAL DISEASE (PAD) - PRIORITY ACCESS TO A 128-SLICE CT CARDIAC IMAGING HVH OFFERS A SERIES OF FREE EDUCATIONAL PROGRAMS DESIGNED TO EXPLAIN COMPLEX MEDICAL ISSUES IN LAYMAN'S TERMS PEOPLE'S MEDICAL COLLEGE PROGRAMS ARE UNIQUE OPPORTUNITIES TO MEET PHYSICIANS AND OTHER CLINICIANS AND LEARN ABOUT THE LATEST ADVANCEMENTS IN CARE AVAILABLE

4b (Code ) (Expenses \$ 17,535,293 including grants of \$ ) (Revenue \$ 17,707,687 )
THE OBSTETRICS/GYNECOLOGY PROGRAM AT HURON VALLEY HOSPITAL, INC (HVH) SERVED 13,300 PATIENTS IN 2008 5,098 DAYS OF INPATIENT CARE WERE PROVIDED WITH A LENGTH OF STAY OF 2 39 DAYS HVH HAD 1,792 BIRTHS DURING 2008 HVH HAS EARNED A REPUTATION AS ONE OF THE STATE'S BEST OBSTETRICS PROGRAMS WIDELY REGARDED FOR ITS HIGHLY TRAINED STAFF AND EXTENSIVE CAPABILITIES, HVH AND ITS DOCTORS ARE AMONG THE NATIONS HIGHEST RATED IN CUSTOMER SATISFACTION HVH OFFERS FAMILY LIFE EDUCATION CLASSES SUCH AS BIRTH AWARENESS, GESTATIONAL DIABETES, BRINGING BABY HOME, CPR, BIRTH REVIEW, BREASTFEEDING, BIG KIDS CLASSES AND PERIPARTUM ADJUSTMENT SUPPORT SERVICES HVH IS HOME TO A COMPLETE-CARE NURSERY, INCLUDING FULL-TIME NEONATOLOGY AND A COMPREHENSIVE RANGE OF HIGHER RISK SERVICES

4c (Code ) (Expenses \$ 16,507,178 including grants of \$ ) (Revenue \$ 17,665,831 )
THE ORTHOPEDICS PROGRAM AT HURON VALLEY HOSPITAL, INC (HVH) SERVED 2,821 PATIENTS IN 2008 754 OF THOSE PATIENTS WERE INPATIENTS WHICH RESULTED IN 2,065 INPATIENT DAYS OF CARE WITH A 2 7 DAY LENGTH OF STAY VOLUME IN THE ORTHOPEDIC SERVICE AREAS INCREASED 6 1% OVER 2007 HVH HAS EARNED A REPUTATION FOR EXCELLENCE IN THE FIELD OF BONE AND JOINT DISORDERS, FRACTURES, TRAUMA, JOINT REPLACEMENT, SPORTS MEDICINE AND PREVENTATIVE ORTHOPEDIC CARE AND EDUCATION HVH WAS THE FIRST HOSPITAL IN MICHIGAN TO PERFORM BIRMINGHAM HIP RESURFACING WHICH IS A BONE- SAVING PROCEDURE

(Code ) (Expenses \$ 71,481,934 including grants of \$ ) (Revenue \$ 77,144,819 )
EMERGENCY MEDICINE - 25,130 TOTAL CASES, 6 INPATIENT DAYS, 25,129 OUTPATIENT REGISTRATIONS SURGERY (GENERAL) - 3,031 TOTAL CASES, 2,212 INPATIENT DAYS, 2,525 OUTPATIENT REGISTRATIONS FAMILY MEDICINE - 7,370 TOTAL CASES, 3,025 INPATIENT DAYS, 6,787 OUTPATIENT REGISTRATIONS GASTROENTEROLOGY - 4,355 TOTAL CASES, 2,254 INPATIENT DAYS, 3,996 OUTPATIENT REGISTRATIONS

4d Other program services (Describe in Schedule O )
(Expenses \$ 71,481,934 including grants of \$ ) (Revenue \$ 77,144,819 )

4e Total program service expenses \$ 153,648,610 Must equal Part IX, Line 25, column (B).

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, Yes, No. Contains 27 numbered questions regarding organizational requirements and schedules.

**Part IV Checklist of Required Schedules (Continued)**

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee <b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV . . . . .		No
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV . . . . .		No
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV . . . . .	Yes	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .	Yes	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	Yes	
<b>36</b> 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		No
<b>37</b> Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .		No

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .		
	<b>1a</b> 145		
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .		
	<b>2a</b> 1,435		
<b>b</b>	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	Yes	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	Yes	
<b>4a</b>	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)? . . . . .		No
<b>b</b>	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>c</b>	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ? . . . . .		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible? . . . . .		No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? . . . . .	Yes	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	Yes	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		No
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		No
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		No
<b>8</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		No
<b>9</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		No
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		No
<b>10</b>	<i>Section 501(c)(7) organizations.</i> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<i>Section 501(c)(12) organizations</i> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>11b</b>	
<b>12a</b>	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

**Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**

**Section A. Governing Body and Management**

		Yes	No
<i>For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>			
<b>1a</b>	Enter the number of voting members of the governing body . . . . .	<b>1a</b>	20
<b>b</b>	Enter the number of voting members that are independent . . . . .	<b>1b</b>	17
<b>2</b>	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? . . . . .	<b>2</b>	No
<b>3</b>	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? . . . . .	<b>3</b>	No
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>	No
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>	No
<b>6</b>	Does the organization have members or stockholders? . . . . .	<b>6</b>	Yes
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	Yes
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>	Yes
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b>	the governing body? . . . . .	<b>8a</b>	Yes
<b>b</b>	each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .	<b>9a</b>	Yes
<b>b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	<b>9b</b>	Yes
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	<b>10</b>	Yes
<b>11</b>	Is there any officer, director or 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 . . . . .	<b>11</b>	No

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? <i>If "No", go to line 13</i> . . . . .	<b>12a</b>	Yes
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	Yes
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	Yes
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	Yes
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	Yes
<b>15</b>	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		
<b>a</b>	The organization's CEO, Executive Director, or top management official? . . . . .	<b>15a</b>	Yes
<b>b</b>	Other officers or key employees of the organization? . . . . . Describe the process in Schedule O	<b>15b</b>	No
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	No
<b>b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	

**Section C. Disclosure**

<b>17</b>	List the States with which a copy of this Form 990 is required to be filed _____
<b>18</b>	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 make these available. Check all that apply. <input type="checkbox"/> own website <input type="checkbox"/> another's website <input checked="" type="checkbox"/> upon request
<b>19</b>	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization WILLIAM LANTZY 1 WILLIAM CARLS DR COMMERCE TOWNSHIP, MI 483821271 (248) 937-3374





**Part VII** Statement of Revenue

		(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b>				
	<b>b</b> Membership dues . . . . .				
	<b>1b</b>				
	<b>c</b> Fundraising events . . . . . 47,849				
	<b>1c</b>				
	<b>d</b> Related organizations . . . . . <b>1d</b>				
	<b>e</b> Government grants (contributions) <b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above 459,476				
	<b>1f</b>				
<b>g</b> Noncash contributions included in lines 1a-1f \$ 9,159					
<b>h Total (Add lines 1a-1f)</b> . . . . .	507,325				
<b>Program Service Revenue</b>	<b>2a</b> INPT REV/CONT ALLOW/REV DED	92,722,829	92,722,829		
	<b>b</b> OTPT REV/CONT ALLOW/REV DED	79,687,086	79,687,086		
	<b>c</b> PHARMACY REVENUE	2,693,585	2,693,585		
	<b>d</b> PROGRAM RELATED RENTAL REVENUE	319,369	319,369		
	<b>e</b> ALL OTHER PROGRAM SERVICE REV	140,014	140,014		
	<b>f</b> All other program service revenue				
	<b>g Total. Add lines 2a-2f</b> . . . . .				
	\$ 175,562,883				
	<b>3</b> Investment income (including dividends, interest other similar amounts) . . . . .	381,823			381,823
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .	87,967			87,967	
<b>5</b> Royalties . . . . .					
<b>6a</b> Gross Rents	(i) Real	419,741			
	(ii) Personal				
	<b>b</b> Less rental expenses	418,869			
	<b>c</b> Rental income or (loss)	872			
<b>d</b> Net rental income or (loss) . . . . .	872		-94,531	95,403	
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	283,122			
	(ii) Other				
	<b>b</b> Less cost or other basis and sales expenses	327,350	25,810		
	<b>c</b> Gain or (loss)	-44,228	-25,810		
<b>d</b> Net gain or (loss) . . . . .	-70,038			-70,038	
<b>8a</b> Gross income from fundraising events (not including \$ 15,197 of contributions reported on line 1c). See Part IV, line 18. Attach Schedule G if total exceeds \$15,000 . . . . . <b>a</b>		47,849			
	<b>b</b> Less direct expenses . . . . . <b>b</b>	14,897			
	<b>c</b> Net income or (loss) from fundraising events . . . . .	300			300
<b>9a</b> Gross income from gaming activities. See part IV, line 19. Complete Schedule G if total exceeds \$15,000 . . . . . <b>a</b>					
	<b>b</b> Less direct expenses . . . . . <b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities . . . . .				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>					
	<b>b</b> Less cost of goods sold . . . . . <b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .				
Miscellaneous Revenue	Business Code				
<b>11a</b> VENDING MACHINE COMMISSIONS		20,904			20,904
<b>b</b> PARKING REVENUE		6,573			6,573
<b>c</b> TELEVISION REVENUE		930			930
<b>d</b> All other revenue					
<b>e Total. Add lines 11a-11d</b> . . . . .	\$ 28,407				
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .	176,499,539	175,562,883	-94,531	523,862	

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) but are not required to complete columns (B), (C), and (D).

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, Advertising, and Total functional expenses.

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	700,000	<b>3</b>	418,000
	<b>4</b> Accounts receivable, net . . . . .	15,061,799	<b>4</b>	11,803,647
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	1,841,817	<b>8</b>	1,946,687
	<b>9</b> Prepaid expenses and deferred charges . . . . .	560,947	<b>9</b>	521,190
	<b>10a</b> Land, buildings, and equipment cost basis	<b>10a</b> 171,117,493		
	<b>b</b> Less accumulated depreciation <i>Complete Part VI of Schedule D</i> . . . . .	<b>10b</b> 88,525,275	79,275,386	<b>10c</b> 82,592,218
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i> . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i> . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i> . . . . .	22,593,519	<b>15</b>	32,093,731
<b>16 Total assets. Add lines 1 through 15 (must equal line 34)</b>	120,033,468	<b>16</b>	129,375,473	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	12,839,363	<b>17</b>	14,002,290
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	92,726,896	<b>20</b>	92,198,305
	<b>21</b> Escrow account liability <i>Complete Part IV of Schedule D</i> . . . . .		<b>21</b>	
	<b>22</b> Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	2,317,600	<b>23</b>	1,370,793
	<b>24</b> Unsecured notes and loans payable . . . . .		<b>24</b>	
	<b>25</b> Other liabilities <i>Complete Part X of Schedule D</i> . . . . .	825,948	<b>25</b>	901,285
	<b>26 Total liabilities. Add lines 17 through 25</b>	108,709,807	<b>26</b>	108,472,673
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	8,225,540	<b>27</b>	18,224,735
	<b>28</b> Temporarily restricted net assets . . . . .	3,076,733	<b>28</b>	2,655,906
	<b>29</b> Permanently restricted net assets . . . . .	21,388	<b>29</b>	22,159
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	11,323,661	<b>33</b>	20,902,800	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	120,033,468	<b>34</b>	129,375,473	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .		No
<b>c</b>	If "Yes" to lines 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? . . . . .		
<b>3a</b>	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? . . . . .	Yes	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .	Yes	

**SCHEDULE A  
(Form 990 or  
990EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.  
Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the  
Treasury  
Internal Revenue  
Service

Name of the organization  
HURON VALLEY HOSPITAL INC

Employer identification number

38-2155995

**Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)**

The organization is not a private foundation because it is (Please check only **one** organization )

- 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)**. (Attach Schedule H )
- 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)**. (See instructions )
- 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 - Other
- 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 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 organizations the organization supports

	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 support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 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.)

Public Support	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>Calendar year</b> (or fiscal year beginning in)						
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add line 1-3						
<b>5</b> The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
<b>6 Public Support</b> subtract line 5 from line 4						

Total Support	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>Calendar year</b> (or fiscal year beginning in)						
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total Support</b> (Add lines 7 through 10)						
<b>12</b> Gross receipts from related activities, etc (See instructions.)						
<b>13 First Five Years.</b> 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 <b>stop here</b>						

<b>12</b>	
<b>13</b>	

Computation of Public Support Percentage	14	15
<b>14</b> Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))		
<b>15</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f		
<b>16a 33 1/3% Test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		
<b>b 33 1/3% Test - 2007.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		
<b>17a 10% Facts and Circumstances Test - 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		
<b>b 10% Facts and Circumstances Test - 2007.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		
<b>18 Private Foundation.</b> If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Total of lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total Support</b> (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**

**Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	

**Computation of Investment Income Percentage**

<b>17</b> Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	

**19a 33 1/3% Tests - 2008.** 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% Tests - 2007.** 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 information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization HURON VALLEY HOSPITAL INC

Employer identification number 38-2155995

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate Contributions to, Aggregate Grants from, Aggregate value at end of year, and questions about donor advisement.

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

Table with 2 columns: Description, Held at the End of the Year. Rows include Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted, and various monitoring and reporting questions.

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.

Table with 2 columns: Description, Amount. Rows include questions about reporting art, historical treasures, and other similar assets.

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

3 Using the organization's 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 XIV

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 Trust, 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 why in Part XIV and complete the following table

Table with 2 columns: Description (1c-1f) and Amount

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

b If "Yes," explain the arrangement in Part XIV

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

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows 1a-1g.

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment, b Permanent endowment 100.000%, c Term endowment

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

Table with 3 columns: Description (3a(i), 3a(ii)), Yes, No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Table with 3 columns: Description (3b), Yes, No

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

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

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Depreciation, (d) Book value. Rows 1a-1e and Total.

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

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

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
CENTRAL CASH	18,232,560
FUNDS HELD IN TST UNDER BOND AGREEMT	5,930,798
CONSTRUCTION IN PROGRESS	3,435,656
DONOR RESTRICTED FUNDS	2,260,065
DEFERRED DEBT ISSUE COSTS (NET)	1,759,439
ESTIMATED THIRD PARTY SETTLEMENT	257,105
DUE FROM AFFILIATES	170,072
INVESTMENT IN AHPF	38,312
A/REC - CAYMICH RETRO CREDITS	9,724
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.) . . . . . ▶	32,093,731

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO AFF/PROF LIAB RES/DEF LT CR	755,426
EST LIAB 3RD PARTY PAY/PENSION LIAB	145,859
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	901,285

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

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

**Part XIV 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 XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
SUPPLEMENTAL FINANCIAL INFORMATION	SCHEDULE D, PAGE 4, PART XIV	THE GAYLE ANGELOSANTO FUND SUPPORTS PROJECTS, PROGRAMS AND CAPITAL EQUIPMENT RELATED TO CARDIOLOGY SERVICES THE GLORIA BELEN FUND SUPPORTS EDUCATION AND TRAINING FOR INTERNS AND RESIDENTS





**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>14TH ANNUAL GOL</u> (event type)	<u>SINAI CTR FOR W</u> (event type)	(total number)	(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	48,393	14,653		63,046
	<b>2</b> Less Charitable contributions . . . . .	37,463	10,386		47,849
	<b>3</b> Gross revenue (line 1 minus line 2) . . . . .	10,930	4,267		15,197
<b>Direct Expenses</b>	<b>4</b> Cash Prizes . . . . .				
	<b>5</b> Non-cash Prizes . . . . .	460			460
	<b>6</b> Rent/Facility costs . . . . .	11,459	2,978		14,437
	<b>7</b> Other direct expenses . . . . .				
	<b>8</b> Direct expense summary Add lines 4 through 7 in column (d) . . . . . ▶				14,897
<b>9</b> Net income summary Combine lines 3 and 8 in column (d) . . . . . ▶				300	

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
		<b>1</b> Gross revenue . . . . .			
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶					

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities _____		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	
<b>b</b> If "No," Explain _____		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<b>10a</b>	
<b>b</b> If "Yes," Explain _____		
<b>11</b> Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	<b>12</b>	

	Yes	No						
<p><b>13</b> Indicate the percentage of gaming activity operated in</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"> <p><b>a</b> The organization's facility . . . . .</p> </td> <td style="width: 10%; text-align: center;"> <p><b>13a</b></p> </td> <td style="width: 10%;"></td> </tr> <tr> <td> <p><b>b</b> An outside facility . . . . .</p> </td> <td style="text-align: center;"> <p><b>13b</b></p> </td> <td></td> </tr> </table>			<p><b>a</b> The organization's facility . . . . .</p>	<p><b>13a</b></p>		<p><b>b</b> An outside facility . . . . .</p>	<p><b>13b</b></p>	
<p><b>a</b> The organization's facility . . . . .</p>	<p><b>13a</b></p>							
<p><b>b</b> An outside facility . . . . .</p>	<p><b>13b</b></p>							
<p><b>14</b> Provide the name and address of the person who prepares the organization's gaming/special events books and records</p> <p>Name  _____</p> <p>Address  _____</p>								
<p><b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . <b>15a</b></p>								
<p><b>b</b> If "Yes," enter the amount of gaming revenue received by the organization  \$ _____ and the amount of gaming revenue retained by the third party  \$ _____</p>								
<p><b>c</b> If "Yes," enter name and address</p> <p>Name  _____</p> <p>Address  _____</p>								
<p><b>16</b> Gaming manager information</p> <p>Name  _____</p> <p>Gaming manager compensation  \$ _____</p> <p>Description of services provided  _____</p>								
<p><input type="checkbox"/> Director/officer      <input type="checkbox"/> Employee      <input type="checkbox"/> Independent contractor</p>								
<p><b>17</b> Mandatory distributions</p> <p><b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . <b>17a</b></p> <p><b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  \$ _____</p>								

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

Name of the organization HURON VALLEY HOSPITAL INC

Employer identification number 38-2155995

Part I Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

Form with questions 1a-6b and a Yes/No table. Questions cover charity care policy, application, eligibility criteria, and reporting requirements.

7 Charity Care and Certain Other Community Benefits at Cost

Table with 6 columns: (a) Number of activities or programs, (b) Persons served, (c) Total community benefit expense, (d) Direct offsetting revenue, (e) Net community benefit expense, (f) Percent of total expense. Rows include Charity Care and Means-Tested Programs and Other Benefits.

**Part II Community Building Activities** (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

	(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
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>						

**Part III Bad Debt, Medicare, & Collection Practices** *(Optional for 2008)*

**Section A. Bad Debt Expense**

- 1** Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15? . . . . . **1**
- 2** Enter the amount of the organization's bad debt expense (at cost) . . . . . **2**
- 3** Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy . . . . . **3**
- 4** Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>9a</b>		
<b>9b</b>		

**Section B. Medicare**

- 5** Enter total revenue received from Medicare (including DSH and IME) . . . . . **5**
- 6** Enter Medicare allowable costs of care relating to payments on line 5 . . . . . **6**
- 7** Enter line 5 less line 6—surplus or (shortfall) . . . . . **7**
- 8** Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used
- Cost accounting system       Cost to charge ratio       Other

**Section C. Collection Practices**

- 9a** Does the organization have a written debt collection policy? . . . . . **9a**
- 9b** If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI . . . . . **9b**

**Part IV Management Companies and Joint Ventures** *(Optional for 2008)*

(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 %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				
<b>14</b>				



**Part VI Supplemental Information** (Optional for 2008)

Complete this part to provide the following information

**1** Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

Multiple horizontal lines for text entry.

**2 Needs Assessment.** Describe how the organization assesses the health care needs of the communities it serves

Multiple horizontal lines for text entry.

**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 charity care policy

Multiple horizontal lines for text entry.

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

Multiple horizontal lines for text entry.

**5 Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

Multiple horizontal lines for text entry.

**6** Provide any other information important to describing how the organization's hospitals 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 )

Multiple horizontal lines for text entry.

**7** 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

Multiple horizontal lines for text entry.

**8** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Multiple horizontal lines for text entry.

Schedule J (Form 990)

Compensation Information

OMB No 1545-0047

2008

Open to Public Inspection

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

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Department of the Treasury Internal Revenue Service

Name of the organization HURON VALLEY HOSPITAL INC

Employer identification number 38-2155995

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items

- First class or charter travel, Travel for companions, Tax indemnification and gross-up payments, Discretionary spending account, Housing allowance or residence for personal use, Payments for business use of personal residence, Health or social club dues or initiation fees, Personal services (e.g., maid, chauffeur, chef)

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

2 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?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

- Compensation committee, Independent compensation consultant, Form 990 of other organizations, Written employment contract, Compensation survey or study, Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

Table with 3 columns: Question ID, Yes, No. Rows include 1b, 2, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, 8.

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(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				
LYNN TOROSSIAN	(i) (ii)	244,477	47,637	5,265	63,200	16,481	377,060
ROBERT J YELLAN	(i) (ii)	128,550	73,750	3,131	5,384	5,321	216,136
WILLIAM L LANTZY	(i) (ii)	148,765	35,832	-65	36,907	17,337	238,776
BETTE FITZ	(i) (ii)	154,875	38,719	1,912	37,202	1,270	233,978
KAREN MOORE	(i) (ii)	170,426		2,900	6,825	2,388	182,539
CATHERINE BROOKS-FAVA	(i) (ii)	157,965		87,006	10,486	16,474	271,931
MICHELLE LUSTRE-NOSAL	(i) (ii)	192,552		36,097	1,104		229,753
ANNETTE COPE	(i) (ii)	180,802		33,638	838		215,278
SUSAN GRANT	(i) (ii)	157,031		42,872	9,558	18,643	228,104
RUTHANN MCCANN	(i) (ii)	148,808		46,464	9,480	14,923	219,675
JOSEPH T SCALLEN JR	(i) (ii)	231,547	56,264	6,356	45,397	13,141	352,705
MARC BOCKNEK	(i) (ii)	110,334	26,780	-2,716	26,480	17,531	178,409
	(i)						
	(ii)						
	(i)						
	(ii)						



**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

**2008**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.  
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

<b>Name of the organization</b> HURON VALLEY HOSPITAL INC	<b>Employer identification number</b> 38-2155995
--	---

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only).  
To be completed by organizations that 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) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the 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**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

**Part III Grants or Assistance Benefitting Interested Persons**  
To be completed by organizations that 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 grant or type of assistance

**Part IV Business Transactions Involving Interested Persons**  
To be completed by organizations that 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
JACK E BELEN PC	SEE SCHEDULE O	133,500	CONSULTING SERVICES		No



**Part III Identification of Related Organizations Taxable as a Partnership**

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
ASC DEVELOPMENT LLC											
7330 SHADELAND STATION SUITE 200 INDIANAPOLIS, IN46256 42-1690550	SURGERY	MI	NA N/A					No			No
DMC PARTNERSHIP IMAGING LLC											
3990 JOHN R DETROIT, MI48201 16-1750127	HOLDING CO	MI	NA N/A					No			No
NOVI REGIONAL IMAGING LLC											
3901 BEAUBIEN SUITE 2B105 DETROIT, MI48201 45-0595233	DIAGNOSTIC	MI	NA N/A					No			No
MICHIGAN REGIONAL IMAGING LLC											
3990 JOHN R DETROIT, MI48201 56-2517225	MRI SRVCS	MI	NA N/A					No			No

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
See Additional Data Table							

**Part V Transactions with Related Organizations**

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

**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 **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>	Yes	
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>	Yes	
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>		No
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		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(s)	(B) Transaction type(a-r)	(C) Amount Involved
<b>(1)</b>	CHILDREN'S HOSPITAL OF MICHIGAN	I	12,000
<b>(2)</b>	DETROIT MEDICAL CENTER	I	16,000
<b>(3)</b>	DETROIT MEDICAL CENTER	L	22,901,000
<b>(4)</b>	DMC PRIMARY CARE SERVICES II	L	102,000
<b>(5)</b>	REHABILITATION INSTITUTE INC	L	26,000
<b>(6)</b>	SINAL HOSPITAL OF GREATER DETROIT	L	4,000



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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income (\$)	(G) Share of end-of-year assets (\$)	(H) Percentage ownership
CHILDREN'S CHOICE OF MICHIGAN 3990 JOHN R DETROIT, MI48201 38-3318267	COST REIMB	MI	N/A	C CORP			
DMC HEALTH CARE CENTERS INC 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2648666	MED SRVCS	MI	N/A	C CORP			
DMC INSURANCE CO LTD C/O MARSH MGT SRVCS CYMN BOX 1051 GEORGETOWN, CAYMAN ISLANDS, BWI CJ 98-01198240	LIAB INS		N/A	C CORP			
METRO TPA SERVICES INC 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 56-2402607	HEALTHCARE	MI	N/A	C CORP			
MULTI-CARE MEDICAL SERVICES & SUPPL 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2179342	HEALTHCARE	MI	N/A	C CORP			
PHYX INC 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-3559445	HEALTHCARE	MI	N/A	C CORP			
RADIUS HEALTH CARE SYSTEMS INC 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2282743	HEALTHCARE	MI	N/A	C CORP			
RADIUS REAL ESTATE INC 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2646917	HEALTHCARE	MI	N/A	C CORP			
THE MEDICAL PROVIDER ORGANIZATION 3990 JOHN R DETROIT, MI48201 38-2833100	ADMIN SVCS	MI	N/A	C CORP			

**Form 990, Schedule R, Part V - Transactions with Related Organizations**

(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved (\$)
(1) CHILDREN'S HOSPITAL OF MICHIGAN	I	12,000
(2) DETROIT MEDICAL CENTER	I	16,000
(3) DETROIT MEDICAL CENTER	L	22,901,000
(4) DMC PRIMARY CARE SERVICES II	L	102,000
(5) REHABILITATION INSTITUTE INC	L	26,000
(6) SINAI HOSPITAL OF GREATER DETROIT	L	4,000

**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 38-2155995

**Name:** HURON VALLEY HOSPITAL INC

**Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -**

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
<b>a</b>	INPT REV/CONT ALLOW/REV DED	92,722,829	92,722,829		
<b>b</b>	OTPT REV/CONT ALLOW/REV DED	79,687,086	79,687,086		
<b>c</b>	PHARMACY REVENUE	2,693,585	2,693,585		
<b>d</b>	PROGRAM RELATED RENTAL REVENUE	319,369	319,369		
<b>e</b>	ALL OTHER PROGRAM SERVICE REV	140,014	140,014		

**Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:**

HURON VALLEY HOSPITAL, INC. IS A MEMBER/SUBSIDIARY HOSPITAL OF THE DETROIT MEDICAL CENTER (DMC) AND HAS ADOPTED THE DMC MISSION AS FOLLOWS: THE DETROIT MEDICAL CENTER (DMC) ASPIRES TO BE THE PREMIER HEALTH CARE RESOURCE IN SOUTHEAST MICHIGAN AND AMONG THE FINEST HEALTH CARE CENTERS IN THE UNITED STATES THROUGH EXCELLENCE IN THE PROVISION OF CLINICAL CARE ENHANCED BY EDUCATION AND RESEARCH. IN ALL CLINICAL ENDEAVORS, QUALITY TO CARE IS PARAMOUNT. IN ADDITION, THE DMC BELIEVES THAT ACCESS TO QUALITY HEALTH CARE IS THE RIGHT OF EVERY HUMAN BEING. DMC, ALONG WITH LOCAL, STATE AND FEDERAL GOVERNMENTS, SUPPORTS A UNIQUE PUBLIC MISSION TO THE RESIDENTS OF THE COMMUNITIES WE SERVE TO ASSURE THIS RIGHT IS PRESERVED.

**Form 990, Part III, Line 1 - Briefly describe the organization's mission:**

HURON VALLEY HOSPITAL, INC. IS A MEMBER/SUBSIDIARY HOSPITAL OF THE DETROIT MEDICAL CENTER (DMC) AND HAS ADOPTED THE DMC MISSION AS FOLLOWS: THE DETROIT MEDICAL CENTER (DMC) ASPIRES TO BE THE PREMIER HEALTH CARE RESOURCE IN SOUTHEAST MICHIGAN AND AMONG THE FINEST HEALTH CARE CENTERS IN THE UNITED STATES THROUGH EXCELLENCE IN THE PROVISION OF CLINICAL CARE ENHANCED BY EDUCATION AND RESEARCH. IN ALL CLINICAL ENDEAVORS, QUALITY TO CARE IS PARAMOUNT. IN ADDITION, THE DMC BELIEVES THAT ACCESS TO QUALITY HEALTH CARE IS THE RIGHT OF EVERY HUMAN BEING. DMC, ALONG WITH LOCAL, STATE AND FEDERAL GOVERNMENTS, SUPPORTS A UNIQUE PUBLIC MISSION TO THE RESIDENTS OF THE COMMUNITIES WE SERVE TO ASSURE THIS RIGHT IS PRESERVED.

**Software ID:**  
**Software Version:**  
**EIN:** 38-2155995  
**Name:** HURON VALLEY HOSPITAL INC

**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				
LYNN TOROSSIAN	(i) (ii) 244,477	47,637	5,265	63,200	16,481	377,060	
ROBERT J YELLAN	(i) (ii) 128,550	73,750	3,131	5,384	5,321	216,136	
WILLIAM L LANTZY	(i) (ii) 148,765	35,832	-65	36,907	17,337	238,776	
BETTE FITZ	(i) (ii) 154,875	38,719	1,912	37,202	1,270	233,978	
KAREN MOORE	(i) (ii) 170,426		2,900	6,825	2,388	182,539	
CATHERINE BROOKS-FAVA	(i) (ii) 157,965		87,006	10,486	16,474	271,931	
MICHELLE LUSTRE-NOSAL	(i) (ii) 192,552		36,097	1,104		229,753	
ANNETTE COPE	(i) (ii) 180,802		33,638	838		215,278	
SUSAN GRANT	(i) (ii) 157,031		42,872	9,558	18,643	228,104	
RUTHANN MCCANN	(i) (ii) 148,808		46,464	9,480	14,923	219,675	
JOSEPH T SCALLEN JR	(i) (ii) 231,547	56,264	6,356	45,397	13,141	352,705	
MARC BOCKNEK	(i) (ii) 110,334	26,780	-2,716	26,480	17,531	178,409	

**Part III Supplemental Information**

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

Identifier	Return Reference	Explanation
OTHER ADDITIONAL INFORMATION	SCHEDULE J, PART III	SCHEDULE J, PART II, COLUMN (B)(III), OTHER REPORTABLE COMPENSATION, INCLUDES ALL ITEMS OF INCOME THAT ARE NOT BASE SALARY OR BONUS IN NATURE. THIS INCLUDES, BUT IS NOT LIMITED TO, OVERTIME PAY FOR CRNAs (WHO ARE HOURLY) AND CASH AUTO AND CLUB ALLOWANCES FOR OFFICERS AND OTHER EXECUTIVES. THESE AMOUNTS ARE ALSO OFFSET BY SEC 125 CAFETERIA PLAN DEDUCTIONS, WHICH HAVE BEEN DEDUCTED IN DETERMINING AMOUNTS REPORTED IN BOX 5, FORM W-2. SCHEDULE J, PART I, LINE 3. THE COMPENSATION OF THE PRESIDENT OF HURON VALLEY HOSPITAL, INC IS DETERMINED BY A RELATED ORGANIZATION, THE DETROIT MEDICAL CENTER (DMC). THE DMC USES THE FOLLOWING PROCEDURES TO ESTABLISH SUCH COMPENSATION: 1. ANNUAL COMPARABILITY STUDIES ARE CONDUCTED BY INTERNAL STAFF IN THE HUMAN RESOURCES DEPARTMENT OF THE DMC. THE COMPENSATION OF THE PRESIDENT IS COMPARED WITH SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THIS INFORMATION IS SUBMITTED TO THE PRESIDENT/CEO OF THE DMC FOR REVIEW AND APPROVAL. 2. PERIODICALLY, THE COMPENSATION OF HOSPITAL PRESIDENTS IS TAKEN TO THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES OF THE DMC FOR REVIEW AND APPROVAL. THIS WAS LAST DONE IN DECEMBER 2006. DECISIONS OF THE COMPENSATION COMMITTEE ARE RECORDED IN CONTEMPORANEOUS MINUTES.

**Software ID:**  
**Software Version:**  
**EIN:** 38-2155995  
**Name:** HURON VALLEY HOSPITAL INC

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
CHILDREN'S HOSPITAL OF MICHIGAN 3901 BEAUBIEN DETROIT, MI48201 38-1357994	HEALTHCARE	MI	501	3	DMC
DET MED CENTER COOPERATIVE SERVICES 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 23-7083832	BILLING	MI	501	3	DMC
DETROIT MEDICAL CENTER GUILD 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2480730	AUXILIARY	MI	501	11C	DMC
DETROIT METRO CARE 3990 JOHN R DETROIT, MI48201 56-2402607	MCAID HMO	MI	501	11C	DMC
DETROIT RECEIVING HOSPITAL & UHC 4201 ST ANTOINE BOULEVARD DETROIT, MI48201 38-2320476	HEALTHCARE	MI	501	3	DMC
DMC CENTERS INC 41935 WEST TWELVE MILE ROAD NOVI, MI48377 38-3021666	HEALTHCARE	MI	501	11A	DMC
DMC NURSING HOMES INC 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2562709	HEALTHCARE	MI	501	3	DMC
DMC PRIMARY CARE SERVICES II 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2578447	HEALTHCARE	MI	501	11A	DMC
HARPER-HUTZEL HOSPITAL 3990 JOHN R DETROIT, MI48201 38-2391907	HEALTHCARE	MI	501	3	DMC
HEALTHSOURCE 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-6095454	HEALTHCARE	MI	501	11C	DMC
REHABILITATION INSTITUTE INC 261 MACK BOULEVARD DETROIT, MI48201 38-1417366	HEALTHCARE	MI	501	3	DMC
RHHH INC 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2086422	HEALTHCARE	MI	501	11C	DMC
SINAI HOSPITAL OF GREATER DETROIT 6071 WEST OUTER DRIVE DETROIT, MI48235 38-1416522	HEALTHCARE	MI	501	3	DMC
THE DETROIT MEDICAL CENTER 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2571767	HEALTHCARE	MI	501	11A	DMC