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Form **990** 

Department of the Treasury
Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

2010

Open to Public Inspection

A Fort	he 2010 c	alendar year, or tax year begi	nning 05-01-2010 and ending 04-30-20	11			
	ıf applıcable	C Name of organization BARBARA ANN KARMANOS CANO	CER HOSPITAL		D Empl	oyer i	identification number
Addre:	ss change	Doing Business As			20-1	649	466
Name	change	boing business / is			E Telep	hone	number
Initial	return		ıf maıl ıs not delivered to street address)	Room/suite	(800	) 527	7-6266
Termi	nated	4100 John R					
☐ Amen	ded return	City or town, state or country, a Detroit, MI 482012013	and ZIP + 4		<b>G</b> Gross	receip	ots \$ 609,059,841
Applica	ation pending						
		F Name and address of	principal officer	H(a) Isthis	a group return	for affil	ıates <sup>?</sup> √Yes ✓ No
		Gerold Bepler MD 4100 John R					
		Detroit, MI 482012013		H(b) Are all			?   Yes   No t (see instructions)
					ıp exempt		
<u>т</u> тах-е	exempt status	501(c)(3)   501(c)( )	◀ (insert no )	-			
J Web	site: 🕨 ww	vw karmanos org					
<b>K</b> Form o	of organizatioi	n 🔽 Corporation 🗌 Trust 🦳 Assoc	ıatıon	<b>L</b> Year of fo	rmation 20	04	<b>M</b> State of legal domicile MI
Part	I Sun	nmary					
Governance	The Bar	<del>-</del>	ssion or most significant activities ospital is dedicated to the delivery of ca	ncer care servi	ces, the t	reatn	nent and care of cancer
₹							
<u>်</u>	2 Checkt	:his box 🛏 if the organization	n discontinued its operations or disposed	of more than 2	5% of its	net a	assets
	<b>3</b> Number	of voting members of the gov	erning body (Part VI, line 1a)			3	20
<b>≚</b>			ers of the governing body (Part VI, line 1			4	11
\$			ın calendar year 2010 (Part V, line 2a)			5	961
સ્		umber of volunteers (estimate	• •			6	356
			m Part VIII, column (C), line 12 ne from Form 990-T, line 34			7a 7b	0 0
	<b>B</b> Net ann		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Prio	r Year	<del></del>	Current Year
	8 Contr	ributions and grants (Part VII)	I, line 1 h)		77,	393	53,655
율		am service revenue (Part VII	579,834,		609,736,764		
Beyenue 1	L <b>O</b> Inves	stment income (Part VIII, colu	umn (A), lines 3, 4, and 7d)		27,	561	3,792
iii 1	L <b>1</b> Other	r revenue (Part VIII, column (	A), lines 5, 6d, 8c, 9c, 10c, and 11e)		219,	089	-734,370
1		<del>-</del>	11 (must equal Part VIII, column (A), li		580,158,	161	609,059,841
1			art IX, column (A), lines 1–3)		210,		298,903
1		, ,	rt IX, column (A), line 4)			0	0
1	. <b>5</b> Salar	ies, other compensation, empl	oyee benefits (Part IX, column (A), lines	5 –			
EX) enses	10)				59,791,	$\rightarrow$	65,508,723
<u>₹</u>  ¹			IX, column (A), line 11e)			0	0
		undraising expenses (Part IX, column			-11 070	255	F20 270 420
			A), lines 11a-11d, 11f-24f) must equal Part IX, column (A), line 25)		511,979, 571,980,	-	538,270,420
			ine 18 from line 12	-	8,177,	-	4,981,795
Not Assets or Fund Bakances	,	,		Beginning Y			End of Year
3 E 2	20 Total	assets (Part X, line 16)			76,644,	563	76,384,436
절절 2	<b>1</b> Total	liabilities (Part X, line 26) .			54,320,	061	50,517,954
			act line 21 from line 20		22,324,	502	25,866,482
	enalties of p		mined this return, including accompanying ete. Declaration of preparer (other than offic				
	- Ik			20	112_02_15		
Sign	Sign	nature of officer			12-03-15 ate		
Here	Gan	y Morrison Chief Operating Officer					
		e or print name and title					
	Print/Typ		Preparer's signature	Date 1	Check if sell employed	_	PTIN
Paid	preparer Firm's na		1		- Inployed	1	Firm's EIN
Prepare	I FIIIII S ac	Idress •					· ······ · · · · · · · · · · · · · · ·
Use On	ly						Phone no 🕨

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . .

┌Yes ┌No

Form	1990 (2010)						Page
Par		_			II		୮
1	Briefly describe th	ne organization's missio	n				
and t	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III  Briefly describe the organization's mission The Barbara Ann Karmanos Cancer Hospital is dedicated to the delivery of cancer care services, the treatment and care of cancer paind the prevention of cancer Additionally, Karmanos promotes, encourages, aids and performs scientific investigations and research addressing the cause, treatment and prevention of cancer. Essential cancer medical services are provided to the community.  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?  16 "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?  16 "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 501(c)(4) organizations and section 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 \$ 153,233,231 mcluding grants of \$ ) (Revenue \$ 172,966,976)  Inpatent Health Care Delivery & Management Barbara Ann Kamanos Cancer Hospital promotes, encourages, add and performs scentific investigationals and research a the cause, treatment and prevention of cancer Additionally, Kamanos promotes, encourages, add and performs scentific investigationals and research a the cause, treatment and prevention of cancer Essential cancer medical services are provided to the community. In FY2011, 26,633 patient days and 3,9 discharges for an average length of \$10,000 (Revenue \$ 425,331,736.)  Ambulatory Services The Barbara Ann Kamanos Cancer Hospital provided medical services to cancer patients including grants services are provided to community. In fescal year 2011, the following ou	nd research					
2			· -	= :	ar which were not listed		✓ No
	If "Yes," describe	these new services on S	Schedule O				
3	services?			nt changes in how it o	conducts, any program		√ No
	If "Yes," describe	these changes on Sche	dule O				
4	Section 501(c)(3)	and 501(c)(4) organiza	ations and secti	on 4947(a)(1) trusts	are required to report t		
4a	(Code	) (Expenses \$	153,233,231	including grants of \$	) (Rever	nue \$ 17	72,968,976 )
	of cancer patients an the cause, treatment discharges for an ave	d the prevention of cancer A and prevention of cancer E grage length of stay of 6 80 o	Addıtıonally, Karma ssentıal cancer med	nos promotes, encourage fical services are provided	s, aids and performs scientific I to the community In FY201	: investigationals a 1, 26,633 patient	and research addressing days and 3,918
4b	(Code	) (Expenses \$	416,579,183	ıncludıng grants of \$	0 ) (Reve	 nue \$ 4	
	marrow transplant, m community In fiscal	nammography and hematolo year 2011, the following out	gy consultative, dia patient statistics we	agnostic and treatment se ere reported clinical visits	rvices Essential cancer and notes of 58,146, infusion patients,	nedical services a 29,634, imaging	re provided to the procedures, 57,072,
4c	(Code	) (Expenses \$	9,496,002	ıncludıng grants of \$	0 ) (Reve	nue \$	8,880,504 )
			otes, aids and perf	orms scientific investigation	ons and research addressing t	he cause, treatmo	ent and prevention of
4d	Other program se	ervices (Describe in Sc	hedule O )				
	(Expenses \$	0 in	cluding grants	of\$	0 ) (Revenue \$		0 )
4e	Total program se	rvice expenses▶\$	579,308,41	16			

Part IV	Checklist	of Red	uired	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🤨	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		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	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Νο
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	Yes	

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
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? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νο
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,  Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes V No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response 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			
	<b>1a</b> 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b			
С	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	165	
2-				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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
Ь	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		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
		5с		
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?	6a		Νο
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).			
а	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		
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		
a	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		
	Contract?			
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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	7h		
•	Form 1098-C?	/n		
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.			
а	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			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	4.5		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
ь	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			
c	Enter the amount of reserves on hand			
	13c			
	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										. [▽	7
-------------------------------------------------------------------------	--	--	--	--	--	--	--	--	--	------	---

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax  vear			
L	year			
b	ındependent			
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		Νο
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		Νο
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			
	year by the following			
а	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		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
	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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a	Yes	
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
c	to conflicts?	12b	Yes	
•	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does 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?			
а	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	16-		N a
	taxable entity during the year?	16a		N o
Б	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?	16b		
Se	ction 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 make these available. Check all that apply Own website. Another's website.			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of			

- 19 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
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization F Gary Morrison

4100 John R

Detroit, MI 482012013

(313) 576-8662

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

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

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

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

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

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

Check this box if neither the organ		elated o	rgan	ızatı	on c	omper	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	Posi		C <b>)</b> (che	cka			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See Additional Data Table										
-										
			<u> </u>							

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

	<b>(A)</b> Name and Title	(B) Average hours per	1	tion that a	(che			ı	( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	Esti amoun	( <b>F)</b> mated t of other ensation
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	froi organiz rel	n the ation and ated izations
See A	dditional Data Table											
							+					
											+	
							+					
1b	Sub-Total				•	•		►				
С	Total from continuation sheet						<b>*</b>		2.052.246	070 422		20.000
	Total (add lines 1b and 1c).  Total number of individuals (ind							► \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2,863,216	879,432		30,000
2	\$100,000 in reportable compe						above	) WIIC	received more tha	11		
											Yes	No
3	Did the organization list any <b>fo</b> on line 1a? <i>If</i> " <i>Yes,"</i> complete So				e, k	eye •	mploy •	ee, o	r highest compens	ated employee	3	No
4	For any individual listed on line organization and related organi										4 Yes	
5	Did any person listed on line 1a	a receive or accru	ie comi	- oensa	tion	fror	n anv	unrel	lated organization o	r individual for	4 Yes	
	services rendered to the organ									•	5	No
	ation B. Indonesidant Co.										•	•
<u>5e</u> 1	ction B. Independent Cor Complete this table for your fiv \$100,000 of compensation fro	e highest comper		ndep	ende	ent o	ontra	tors	that received more	e than		
	Na	(A) ame and business add	dress						Descr	(B) iption of services		(C) pensation
	···											

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization ▶0

orm 99 Part V		<u> </u>	10				Pag	e <b>9</b>
dity		3 Statement of Revent			(A) Total revenue	(B) Related or exempt function revenue	business	(D) Revenue excluded from tax under sections 512, 513, or
Contributions, giffs, grants and other similar amounts	b c d	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions)	. 1c . 1d 1e	0 0 0 0				514
	g	All other contributions, gifts, grants, similar amounts not included above Noncash contributions included in lii  Total. Add lines 1a-1f	nes 1a-1f \$	53,655 0 Business Code	53,655			
ice Revenue	2a b	Outpatient medical services  Inpatient medical services		621400	172,968,976	419,832,410 172,968,976	0	(
Program Service Revenue	d e	Professional services revenue - rela		900099 621400 900099	8,880,504 5,499,326 2,555,548	5,499,326	0	(
		Total. Add lines 2a-2f  Investment income (includin and other similar amounts) Income from investment of tax-exc	g dıvıdends, ınterest		609,736,764 3,792 0		0	
	b	Gross Rents Less rental expenses Rental income or (loss)	(i) Real 12,867 0 12,867	(II) Personal 0 0	0	0	0	
	7a	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(i) Securities 0	(II) O ther 0	12,867	12,867	0	
	d	Gain or (loss)  Net gain or (loss)  Gross income from fundraisir (not including		0	0	0	0	
		of contributions reported on I See Part IV, line 18 Less direct expenses Net income or (loss) from fur	a . b	0	0		0	
	9a b c	Gross income from gaming at Less direct expenses Net income or (loss) from ga	ctivities See Part IV, line 19 . a	<b>b</b> 0	0	0	0	
	b	Gross sales of inventory, les returns and allowances . Less cost of goods sold . Net income or (loss) from sa	a . b	0	0	0	0	
	Ь	Miscellaneous Revenue Investment Loss - Crittentoi Valet Parking Miscellaneous Income	<u> </u>	Business Code 900099 900099 900099	-1,025,631 85,077 193,317	85,077	0	
	е	d All other revenue			-747,237		0	
					609,059,841	609,006,186	0 m <b>990</b> (20:	

	990 (2010)				Page <b>10</b>
Part					
	Section $501(c)(3)$ and $501(c)(4)$ organizations mus ll other organizations must complete column (A) but are not required to $c$			(D)	
Do no	ot include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	( <b>D</b> ) Fundraising
7b, 8l	o, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	298,903	298,903		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	569,037	569,037	0	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	52,368,358	50,466,521	1,901,837	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,313,352	1,260,209	53,143	0
9	Other employee benefits	7,783,291	6,973,734	809,557	0
10	Payroll taxes	3,474,685	3,336,237	<del> </del>	0
а	Fees for services (non-employees) Management	0	0	0	0
ь	Legal	435,384	363,620	71,764	0
с	Accounting	171,842	58,230	113,612	0
d	Lobbying	0	0	0	0
e	Professional fundraising services See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other	93,171,787	81,462,199	11,709,588	0
12	Advertising and promotion	1,443,673	138,994	1,304,679	0
13	Office expenses	41,138,678	40,955,918	182,760	0
14	Information technology	6,555,131	0	6,555,131	0
15	Royalties	0	0	0	0
16	Occupancy	5,784,841	5,733,709	51,132	0
17	Travel	133,207	123,371	9,836	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	38,795	35,294	3,501	0
20	Interest	1,499,202	292,518	1,206,684	0
21	Payments to affiliates	62,753	62,753		0
22	Depreciation, depletion, and amortization	4,123,187	3,600,775	522,412	0
23	Insurance	943,511	822,742	120,769	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	Bad debt expense	9,308,681	9,308,681	0	0
b	Permits & licenses	70,858	68,678	2,180	0
С	Dues & memberships	85,941	79,949	5,992	0
d	Educational & training & misc	57,112	52,185	4,927	0
e	Contractual Allowances	373,204,805	373,204,805	0	0
f	All other expenses	41,032	39,354	1,678	
25	Total functional expenses. Add lines 1 through 24f	604,078,046	579,308,416	24,769,630	0
26	Joint costs. Check here ► ☐ If following  SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	, 5		•		

Part X Balance Sheet (A) (B) Beginning of year End of year 3,224,545 6.641.680 1 0 2 Savings and temporary cash investments . . . . . . . 9.064.703 2,575,570 2,488,550 3 14,231,011 22,442,485 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of ol 0 5 Schedule L . . . 6 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) **A**ssets 0 0 0 0 7 8 1,626,500 2,254,253 Prepaid expenses and deferred charges . . . . 666,184 1,619,296 10a Land, buildings, and equipment cost or other basis Complete 40.540.842 10a Part VI of Schedule D 10b 18.168.952 ь Less accumulated depreciation . . . . . 23,814,995 **10c** 22.371.890 ol 0 11 11 ol 0 12 Investments—other securities See Part IV, line 11 . . . . . . 12 113,000 20,878,134 13 13 Investments—program-related See Part IV, line 11 . . ol 0 14 14 562,921 15 18,453,282 15 16 76,644,563 16 76,384,436 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 26.464.705 17 29.064.899 17 Accounts payable and accrued expenses . ol 18 18 211,076 161.600 19 19 20 0 0 20 Liabilities ol 21 21 0 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified ol 0 22 26.665.242 20.361.455 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 979.038 25 930.000 Other liabilities Complete Part X of Schedule D . . . . . 50,517,954 26 54.320.061 26 **Total liabilities.** Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . 20.685.938 24,324,610 Temporarily restricted net assets . . . . . 1,638,564 1,541,872 28 28 Fund 0 29 0 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 22,324,502 33 25,866,482 33 Total net assets or fund balances . . . . 34 Total liabilities and net assets/fund balances . . . . . 76.644.563 76,384,436

Pal	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		609,0	059,841
2	Total expenses (must equal Part IX, column (A), line 25)	2		604,0	78,046
3	Revenue less expenses Subtract line 2 from line 1	3		4,9	981,795
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		22,3	324,502
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-1,4	139,815
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		25,8	366,482
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	•
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[	2b	Yes	
c	If "Yes," to 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		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

### DLN: 93493075009632

OMB No 1545-0047

Inspection

## SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section

**Public Charity Status and Public Support** 

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. See separate instructions.

**Employer identification number** 

BARBARA ANN KARMANOS CANCER HOSPITAL 20-1649466 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 굣 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 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 Type I **b** Type II c Type III - Functionally integrated Type III - Other 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) 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 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) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organizati col (i) orga	(vii) A mount of support	
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	dider rate III. If the	organización i	ans to quanty t	maci die tests	iisted below, pie	case complet	c raic III.		
S	ection A. Public Support		_						
Cale	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	(e) 2010	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received (Do not								
	ınclude 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								
	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								
Ü	line 4								
S	ection B. Total Support	1				I			
	endar year (or fiscal year beginning								
Cur	in) ►	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	(e) 2010	(f) Total		
7	A mounts from line 4								
8	Gross income from interest,								
0	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	es, etc (See inst	ructions )			12			
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,		
	check this box and <b>stop here</b>	_	r		•	. , . , -	<b>▶</b> ┌॔		
S	ection C. Computation of Pub	lic Support P	ercentage						
14	Public Support Percentage for 2010	(lıne 6 column (	f) divided by line	11 column (f))		14			
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15			
							<del> </del>		
16a	<b>33 1/3% support test—2010.</b> If the				line 14 is 33 1/3%	or more, chec			
	and <b>stop here.</b> The organization qua	•				2.2.4.204	<b>▶</b> [		
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor	. <del>-</del>		
17-	box and <b>stop here.</b> The organization				12 16 1C	handler - 4.4	▶		
r/a	10%-facts-and-circumstances test-						ın.		
	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								
	_	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F		
<b>L</b>	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1		
ט	15 is 10% or more, and if the organ								
	Explain in Part IV how the organizat			•		<u>-</u>	clv		
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	ETY ▶ ¯		
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1		
	instructions	a.a not eneck		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		<b>▶</b> □		

Schedule A (Form 990 or 990-EZ) 2010 Page 3 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 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15						
16	Public support percentage from 2009 Schedule A, Part III, line 15	16						
S	Section D. Computation of Investment Income Percentage							
17	Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	17						
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18						

19a 33 1/3% support tests—2010. 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

33 1/3% support tests—2009. 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

Software ID: 10000077
Software Version: v1.00

**EIN:** 20-1649466

Name: BARBARA ANN KARMANOS CANCER HOSPITAL

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

Compensated Employees, and Independent Contractors									
(B) Average hours	Position (check all Repo		<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation				
week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
1	x						0	0	0
1	х						0	0	0
1	X						0	0	0
1	Х						0	0	0
1	Х						0	0	0
1	х						0	0	0
									_
1	X						0	0	0
1	Х						0	0	0
1	х						0	0	0
1	Х						0	0	0
1	×						0	0	0
1	X						0	0	0
1	Х						0	0	0
1	x						0	0	0
1	х						0	0	0
1	X						0	0	0
1	Y						0	0	0
1	X						0	0	0
40	X			Х			0	0	0
40			х	х			0	381,020	0
40			х	х			0	114,592	0
40			х	х			0	167,771	0
40				х			162,048	0	0
40				х			0	216,049	0
40				Х			176,243	0	0
	(B) Average hours per week  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(B)         Average hours per week         Post of the per week           1         X           1         X           1         X           1         X           1         X           1         X           1         X           1         X           1         X           1         X           1         X           1         X           1         X           1         X           1         X           1         X           1         X           1         X           1         X           1         X           1         X           2         1           2         1           3         1           4         0           4         0           4         0           4         0           4         0           4         0           4         0           4         0           4         0	(B) A verage hours per week  1	C	C	CC	C	CD	Co

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

compensate amproved, and american construction											
(A) Name and Title	(B) Average hours per	Posi t	(( tion ( hat a	(che		_	Г	<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
Kathleen Carolin VP, O perations	40				х			150,105	0	0	
Sharon Helmer MD Breast Imaging	40					х		514,586	0	30,000	
Garrett Walworth Radiologist	40					х		482,122	0	0	
Natasha Robinette Radiologist	40					x		474,209	0	0	
Michael Petrich Radiologist	40					х		452,096	0	0	
Hussein Aoun Radiologist	40					x		451,807	0	0	

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As Filed Data -

DLN: 93493075009632

OMB No 1545-0047

2010

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### SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

**Employer identification number** Name of the organization BARBARA ANN KARMANOS CANCER HOSPITAL 20-1649466 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 Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located **-**\_\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

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.

In Part XIV, 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

- If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, 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

the organization's accounting for conservation easements

►\$ \_\_\_\_

5

0

(ii) Assets included in Form 990, Part X

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 relating to these items

following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

►\$ \_\_\_\_\_\_0 ► \$ 0

Assets included in Form 990, Part X

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

'ar	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tre</u>	asure	s, or O	the	<u>r Simila</u>	r Asse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ie foll	owing the	at are a	sıgnıfıca	nt u	se of its c	ollectio	n	
а	Public exhibition		d	$\vdash$	Loan or	exchan	ge progr	ams				
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
	Provide a description of the organization's co Part XIV	ollections and expla	aın hov	v the	/ further	the orga	anızatıon	's ex	empt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					ılar	Г	Yes	√ No
Pai	rt IV Escrow and Custodial Arrang						nswered	Y" t	es" to Fo	rm 990	Ο,	
	Part IV, line 9, or reported an ar		•									
.a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interm	ediary	for c	ontributio	ons or o	ther ass	ets r	iot	Γ	Yes	Г No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng ta	able		_					
							_			A mo	unt	
С	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							<b>1</b> f				
!a	Did the organization include an amount on Fe	orm 990, Part X, lin	e 21?							Γ	Yes	☐ No
b	If "Yes," explain the arrangement in Part XI\	/										
'a	rt V Endowment Funds. Complete	ıf the organızatıo	n ans	were								
		(a)Current Year	(b)	Prior \	rear (	<b>(c)</b> Two Ye	ears Back	(d)	Three Years	Back (e	e)Four Ye	ears Back
а	Beginning of year balance											
b	Contributions											
C	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
!	Provide the estimated percentage of the yea	r end balance held	as		L							
а	Board designated or quasi-endowment											
	•											
b	Permanent endowment 🕨											
c a	Term endowment ►  Are there endowment funds not in the posse	asian af the arganiz		-ba+ -	va bald m		unistarad	l for	+ h a			
a	organization by	ssion of the organiz	ation	liial c	ire ireiu a	anu aum	iiiistereu	101	LITE		Yes	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations									3a(ii)		
b	If "Yes" to 3a(II), are the related organization									3b		
	Describe in Part XIV the intended uses of th											
a l	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee F	orm 990	<u>0, Part</u>	X, line	<u> 10.</u>				
	Description of investment				Cost or oth		Cost or otleases (other		(c) Accum deprecia		( <b>d</b> ) Bo	ok value
a	Land					0	1,544,	809				1,544,809
b	Buildings					0	17,910,	517	7,2	237,019	1	0,673,498
c	Leasehold improvements					0	3,280,	895	1,7	16,882		1,564,013
d	Equipment		•			0	15,568,	246	8,3	312,212		7,256,034
e	Other					0	2,236,	375		02,839		1,333,536

22,371,890

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	<del>  ` `                                 </del>	Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
	<del> </del>		
	+		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See		12	
Part VIII Investments—Program Related. See	T		d -6.,-1,,-4,-,-
(a) Description of investment type	(b) Book value		d of valuation f-year market value
	+	Cost of ella-o	- year market value
	<del> </del>		
	<del> </del>	+	
	+		
	<del> </del>		
	+		
	†		
	1		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III			
(a) Descrip			( <b>b</b> ) Book value
(1) Intercompany Receivables			17,707,442
(2) Lease deposits			548,570
(3) Deferred financing costs			47,270
(4) Bed licenses			150,000
<u>· · · · · · · · · · · · · · · · · · · </u>			,
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		18,453,282
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X			18,453,282
Part X Other Liabilities. See Form 990, Part X	, line 25.		18,453,282
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability			18,453,282
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount		18,453,282
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	, line 25.		18,453,282
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount		18,453,282
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount		18,453,282
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25. (b) A mount		18,453,282
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount		18,453,282
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount		18,453,282
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount		18,453,282
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount		18,453,282
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount		18,453,282
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount		18,453,282
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount		18,453,282
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount		18,453,282
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount		18,453,282
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount		18,453,282
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount		18,453,282
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount		18,453,282
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount		18,453,282

Pai	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	609,059,84
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	604,078,046
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,981,79
4	Net unrealized gains (losses) on investments	4	(
5	Donated services and use of facilities	5	(
6	Investment expenses	6	(
7	Prior period adjustments	7	(
8	Other (Describe in Part XIV)	8	-1,439,81
9	Total adjustments (net) Add lines 4 - 8	9	-1,439,81
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,541,984
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Ret	urn
1	Total revenue, gains, and other support per audited financial statements	1	236,499,902
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-373,204,809
3	Subtract line <b>2e</b> from line <b>1</b>	3	609,704,71
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	-644,870
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	609,059,84
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per R	<u>eturn</u>
1	Total expenses and losses per audited financial statements	<sub>1</sub>	230,810,488
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	<del>-</del> +	
- а	Donated services and use of facilities		
ь	Prior year adjustments	1	
С	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	-373,204,80!
3	Subtract line <b>2e</b> from line <b>1</b>	3	604,015,29
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
ь	Other (Describe in Part XIV)	]	
c	Add lines <b>4a</b> and <b>4b</b>	4c	62,75
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	604,078,046
Do.	t YIV 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
SchD_P03_S00_L04	Schedule D, Part III, Line 4	Artwork is displayed for patient enjoyment and relaxation
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	Write down of investment in Crittenton JV (\$2,050,000), offset by other changes in unrestricted and temporarily restricted net assets \$610,189
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Contractual allowances deducted from revenue on audited financial statements (\$373,204,805) Remaining is rounding of (\$4)
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Transfer from Restricted Accounts (\$644,870), rounding to balance \$5
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	Contractual allowances deducted from revenue on audited financial statements (\$373,204,805)
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Transfers to Affiliates

# OMB No 1545-0047

Open to Public **Inspection** 

### **SCHEDULE H** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

BARBARA ANN KARMANOS CANCER HOSPITAL

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

Hospitals

**Employer identification number** 

					20-	1649466			
Pa	rt I Financial Assista	nce and C	ertain Oth	er Community Be	nefits at Cost				
								Yes	No
1a	Did the organization have a fi	nnancıal assı	stance policy	y during the tax year? I	f "No," skip to questio	n 6a .	1a	Yes	
Ь	If "Yes," is it a written policy	?					1b	Yes	
2	If the organization has multip assistance policy to its vario				describes application o	of the financial			
	Applied uniformly to all ho	•	ls	Applied uniformly	to most hospitals				
3	Answer the following based o organization's patients during	n the the finar	ncıal assısta	nce eligibility criteria th	nat applied to the large	st number of the			
а	Does the organization use Fe	deral Poverty	Guidelines (						
					income mint for engion	ity for free care	3a	Yes	
	Γ 100% Γ 150%	<b>▽</b> 20	00% <b>I</b>	O ther	<u>%</u>				
b	Does the organization use FP "Yes," indicate which of the fo						3b	Yes	
	<b>▽</b> 200% <b>┌</b> 250%	Гзс	о% Г	350%	0%	%			
С	If the organization does not u determining eligibility for free test or other threshold, regar	or discounte	d care Inclu	de in the description wh	hether the organization				
4	Did the organization's financi provide for free or discounted			•	•	uring the tax year	4	Yes	
5a	Did the organization budget amount						5a	Yes	
Ь	If "Yes," did the organization						5b	Yes	
С	If "Yes" to line 5b, as a resul care to a patient who was elig	jibile for free o	or discounted	d care?	•		5с		No
6a	Does the organization prepar- year?			ort during the tax			6a		Νo
6b	If "Yes," did the organization			ublic?			6b		
	Complete the following table worksheets with the Schedule	-	ksheets prov	ıded ın the Schedule H	instructions Do not s	ubmit these			
7	Financial Assistance and C	ertain Other	Community I	Benefits at Cost					
ı	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 b expense		(f) Perototal ex	
а	Financial Assistance at cost (from Worksheets 1 and 2)			133,453	0	13	3,453		0 02 %
b	Unreimbursed Medicaid (from Worksheet 3, column a)			15,046,048	14,507,771		8,277		0 09 %
c	Unreimbursed costs—other means-tested government programs (from Worksheet 3,						·		
d	column b) <b>Total</b> Financial Assistance and Means-Tested Government			38,389,682	16,615,758	21,77			36%
	Programs	0	0	53,569,183	31,123,529	22,44 	5,654		3 71 %
e	Community health improvement services and community benefit operations (from (Worksheet 4)								
	Health professions education (from Worksheet 5) .			5,503,990	1,617,898	3,88	6,092		0 64 %
g h	Subsidized health services (from Worksheet 6) Research (from Worksheet 7)								
	Cash and in-kind contributions to community groups (from Worksheet 8)								
-	<b>Total</b> Other Benefits	0	0	5,503,990	1,617,898	3,88	6,092		0 64 %
k '	Total. Add lines 7d and 7j	0	0	59,073,173	32,741,427	26,33	1,746		4 35 %

	edule H (FOIIII 990) 2010										age <b>z</b>
Pa	rt III Community Building										. a leb
	activities during the of the communities i		a describe in	Part VI now its c	ommun	ity bui	iding a	ictivities promo	otea	the ne	eaitti
	or the communices	(a) Number of activities or programs (optional)	<b>(b)</b> Persons served (optional)	(c) Total community building expense	<b>(d)</b> D	rect offs revenue	etting	(e) Net communit building expense		(f) Pero total ex	
	Physical improvements and housing	(ориони)									
_ <del>_</del> _	Economic development										
									$\dashv$		
	Community support										
_ <del>4</del> _5	Environmental improvements  Leadership development and training								-		
	for community members										
	Coalition building  Community health improvement										
	advocacy	2	9,935								
8	Workforce development										
9	Other Total	1	9,935		0		0		0		0 %
	t IIII Bad Debt, Medicar	e. & Collec			J		υį		υĮ		0 %
	•										
	ion A. Bad Debt Expense							. (		Yes	No
1	Did the organization report ba Statement No 15?	•	in accordance	with Heathcare Fin	ancial M	anager	nent As • •	sociation	1	Yes	
2	Enter the amount of the organ	ızatıon's bad d	ebt expense (a	tcost)		2		3,412,185			
3	Enter the estimated amount o attributable to patients eligibl	•			diev	3		133,453			
	attributable to patients engibi	e under the org	janization 5 iina	anciai assistance po	oncy .					ı	l
4	Provide in Part VI the text of										
	In addition, describe the costi rationale for including a portio				reporte	d on lin	es 2 ar	id 3, and			
Sect	ion B. Medicare			,							
5	Enter total revenue received f	rom Medicare (	(including DSH	and IME)		5		47,493,229			
6	Enter Medicare allowable cost	s of care relati	ng to payments	s on line 5		6		54,899,691			
7	Subtract line 6 from line 5 Th	•	• •			. 7		-7,406,462			
8	Describe in Part VI the extent Also describe in Part VI the c Check the box that describes	osting method	ology or source								
	Cost accounting system	<b>▽</b> c∘	st to charge ra	tio <b>Г</b>	Other						
Sect	ion C. Collection Practices										
9a	Does the organization have a	written debt co	llection policy?						9a	Yes	
b	If "Yes," does the organization patients who are known to qua								9b	Yes	
Pai	tt IV Management Com				ilibe ili r	ait VI	• •			1	l
	(a) Name of entity	(b	) Description of pr		(c) Organi			Officers, directors,		Physic	
			activity of entity	′	profit % o ownersh		er	trustees, or key nployees' profit %		ofit % or ownershi	
1							or	stock ownership%	+		
2											
3											
4											
5											
6									1		
									-		
7 											
8											_
9											
10		1									
11		-									
12											
13									1		

Part	Part V Facility Information									
(list in	on A. Hospital Facilities order of size, measured by total revenue per facility, from to smallest)	Licensed ho	General medical	Children's hospita	Teaching hospital	Ortical access hospita	Research facility	ER-24 hours	ER-other	
	any hospital facilities did the organization operate during cyear? <b>1</b>	hospital	lical & eurgical	)spital	epital	se hospital	ality			
Name	and address									Other (Describe)
1	Barbara Ann Karmanos Cancer Hospital 4100 John R Detroit, MI 48201	x			х					
		-								
		-								
		$\vdash$								
		_								
		1	I		1	I	1	I	1	l

Hov	w many non-hospital facilities did the organization	operate during the tax year?
Var	me and address	Type of Facility (Describe)
L	Crittenton Karmanos Health Services	Outpatient radiation oncology
	1901 Star Batt Drive	
	Rochester Hills, MI 48307	
}		
LO		
<del>-</del>		
		Schedule H (Form 990)

Part V Facility Information (continued)

Schedule H (Form 990) 2010 Page **8** 

### Part VI Supplemental Information

Complete this part to provide the following information

Required descriptions. Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

- 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
- 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
- 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.)
- 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

Identifier	ReturnReference	Explanation
SchH_P01_S00_L07	Schedule H, Part I, Line 7	Cost of charge ratio

	Identifier	ReturnReference	Explanation
Ş	SchH_P01_S00_L072f	Schedule H, Part I, Line 7, Column f	Not applicable

Identifier	ReturnReference	Explanation
SchH_P01_S00_L07g	Schedule H, Part I, Line 7g	Not applicable

Identifier	ReturnReference	Explanation
SchH_P02_S00_L00	Schedule H, Part II	Professional health education services include providing cancer information and education to 1,780 patients and family members. In 2011, 8,155 women were screened for breast and cervical cancer as part of our partnership with the Breast and Cervical Cancer control Programs for eligible uninsured and underinsured women.

Identifier	ReturnReference	Explanation
SchH_P03_S0A_L04		Accounts receivable for patient services, insurance companies, and governmental agencies are based on gross charges. An allowance for uncollectible accounts has been 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 industry standards 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.

Identifier	ReturnReference	Explanation
SchH_P03_S0B_L08	8	Shortfall of Medicare cost over Medicare payments of (\$7,406,462) should be included as a community benefit. The majority of our Medicare patients are crossover patients with Medicaid as secondary.

Identifier	ReturnReference	Explanation
SchH_P03_S0C_L09b	9b	The policy follows the Medicare Reimbursement manual, Part I, Section 312 "Providers can deem Medicare beneficiaries indigent or medically indigent when such individuals have also been determined eligible for Medicaid as either categorically needy individuals or medically needy individuals, respectively Once indigence is determined and the provider concludes that there had been no improvement in the beneficiary's financial condition, the debt may be deemed uncollectible "

Identifier	ReturnReference	Explanation
SchH_P05_S0B_L18	Schedule H, Part V, Section B, Line 18	Karmanos Cancer Center does not have an emergency room

Identifier	ReturnReference	Explanation
SchH_P05_S0B_L19	Bulledule II, Fail V, Section B, Line	Karmanos Cancer Center uses Blue Cross/Blue Shield of Michigan rates for these services

		-
Identifier	ReturnReference	Explanation
SchH_P06_S00_L02	Schedule H, Part VI, Line 2	The review of SEER data in our immediate service areas of Wayne, Oakland and Macomb counties with particular attention to the morbidity and mortality rates in certain age and ethnic groups Collaborative work with other NCI designated facilities to track trends in other like communities. In the past, focus groups and cold calls have been used to assess community needs.

s

Identifier	ReturnReference	Explanation
SchH_P06_S00_L03	Schedule H, Part VI, Line 3	All patients receive a copy of their patient rights upon registration as a new patient. Patients are asked about health care coverage when scheduling an appointment and verified during the pre-registration process. Those patients without health insurance or that are underinsured are then directed to special grant programs or to a Financial Counselor for application to other programs.

S

Identifier	ReturnReference	Explanation
SchH_P06_S00_L04	Schedule H, Part VI, Line 4	Located in mid-town Detroit, Michigan, the Barbara Ann Karmanos Cancer Institute and Barbara Ann Karmanos Cance Hospital (Karmanos) is one of 40 National Cancer Institutedesignated comprehensive cancer center in the United States For four consecutive years, the Karmanos Cancer Center has topped the list of preferred hospitals in southeast Michigan for cancer care, according to a survey by the National Research Corporation. We are a unique, urban-based center of research, patient care and education dedicated to the prevention, early detection, treatment and eventual eradication of cancer. In 2011, Karmanos provided services to 285,241 individuals representing the 83 counties in the state of Michigan, and 46 of the 50 states in the United States.

Identifier	ReturnReference	Explanation
SchH_P06_S00_L05	Schedule II, Fait VI, Line 5	Karmanos offers education and awareness programs presented by its physicians and researchers, community education staff members, and trained volunteers. These experts present information on cancer prevention, risk and its reduction, and testing guidelines. Programs are available to businesses, religious congregations and social/community groups in southeastern Michigan. Educational Programs and Educational Materials include, but are not limited to, General Cancer. Information, Breast Cancer, Cervical Cancer, Clinical Trials, Colorectal Cancer, Lung Cancer, Prostate Cancer and Skin Cancer. Karmanos also offers free fact sheets on the most common forms of cancer and topics of interest. These are geared to persons concerned about their cancer risk and interested in prevention and early detection - not to persons diagnosed with cancer. Topics include. Breast Cancer, Cervical Cancer, Clinical Trials, Colon Cancer, Lung Cancer, Men's Cancer Screenings, Nutrition & Physical Activity, Ovarian Cancer, Prostate Cancer, Skin Cancer, Testicular Cancer and Women's Cancer Screenings

Schedule H (Form 990) 2010

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(Form 990)

Department of the Treasury

Schedule I

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

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

OMB No 1545-0047

DLN: 93493075009632

**Inspection** 

Internal Revenue Service Employer identification number Name of the organization BARBARA ANN KARMANOS CANCER HOSPITAL 20-1649466 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be 1 (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization section grant valuation non-cash assistance or assistance cash or government ıf applıcable assistance (book, FMV, appraisal, other)

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. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Provide lodging for cancer patients that come from out of town Lodging paid to the following local facilities include, Antheneum Hotel, Inn on Ferry Street, Omni Detroit Hotel	492	96,386	0	Book	
(2) Direct cash assistance provided to patients for treatments	240	87,658	0	Book	
(3) Direct cash assistance for patients for food, travel and parking	182	74,500	0	Book	
(4) Rent paid on behalf of cancer patients	1	590	0	Book	
(5) Transportation paid to local cab company on behalf of cancer patients	2339	39,769	0	Book	

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	Monitor monthly by reviewing the activity and monthly account reconciliations

Schedule I (Form 990) 2010

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DLN: 93493075009632

OMB No 1545-0047

**Compensation Information** 

Schedule J (Form 990) 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.

Open to Public Inspection

Name of the organization BARBARA ANN KARMANOS CANCER HOSPITAL

Department of the Treasury

Internal Revenue Service

**Employer identification number** 

20-1649466

Pa	rt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the creimbursement orprovision of all the expenses des	_		1b		
2	Did the organization require substantiation prior to					
	officers, directors, trustees, and the CEO/Executiv	e Directo	or, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t					
	Compensation committee	굣	Written employment contract			
	☑ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	<b>▼</b>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line ${f 1a}$ with respect to the filing organization			
а	Receive a severance payment or change-of-contro	l paymen	it from the organization or a related organization?	4a		Νo
Ь	Participate in, or receive payment from, a suppleme	ental non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
Ь	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section Apayments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described	ın Regs	section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	ne rebutta	able presumption procedure described in Regulations	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)(1)-(111) 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-MI	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	reportable compensation		benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1) Gerold Bepler	(I) (II)	0 379,933	0	0 1,087	0 0	0 23,366	0 404,386		
(2) Cynthia Sikina	(I) (II)	0 167,029	0	0 742	0	0 14,087	0 181,858		
(3) Gary Morrison	(I) (II)	0 214,404	0	0 1,645	0	0 12,550	0 228,599		
(4) Karen Goldman	(I) (II)	172,680 0	0	3,564 0	0	18,991			
(5) Kathleen Carolin	(I) (II)	149,000 0	0	1,105 0	0	12,030	162,135 0		
(6) Sharon Helmer	(I) (II)	483,827 0	30,000	759 0	0	24,615 0	539,201 0		
(7) Garrett Walworth	(I) (II)	481,852 0	0	270 0	0	23,033	505,155 0		
(8) Natasha Robinette	(I) (II)	474,047 0	0	162 0	0	22,951 0	497,160 0		
(9) Michael Petrich	(I) (II)	451,952 0	0	144	0	16,884 0	468,980 0		
(10) Hussein Aoun	(I) (II)	451,663 0	0	144	0	16,882 0	468,689 0		
(11) Debra Herring	(I) (II)	158,682 0	0	3,367 0	0	12,530 0	174,579 0		
( 12 )									
(13)									
( 14 )									
( 15 )									
( 16 )									

#### 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

Ident if ier	Return Reference	Explanation
	Part I, Line 3	The KCI Board Chairman established a formal Compensation Committee that is responsible for the review of compensation for the CEO, including the administration of the short term incentive program when the funds are available to distribute under the plan. Any salary increase program is reviewed and approved by the KCI-KCC Finance Committee and the KCI-KCC Board of Directors as part of the annual budget process.

Schedule J (Form 990) 2010

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DLN: 93493075009632

**Transactions with Interested Persons** 

Schedule L (Form 990 or 990-EZ)

► 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 lines 38a or 40b.

2010

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization BARBARA ANN KARMANOS CANCER HOSPI	ΓAL									tion numbe	:r
Part I Excess Benefit Trai	ısacti	ons (s	ection 501	(c)(3) a	and section 501	(c)(4)		0-16494 zations (			
Complete If the organizat										ıne 40b	
1 (a) Name of disqualified person (b) Description				rintion	on of transaction				(c) Corrected		
. ,		F			( <b>b</b> ) Desc	Tiption of transaction				Yes	No
<b>2</b> Enter the amount of tax impos section 4958		he orgai			disqualified pers	ons dur	ing the y	ear unde	r '\$		
3 Enter the amount of tax, If any	, on line	e 2, abo	ve, reımburs	ed by th	e organization .			•	* \$ <u></u>		
Part II Loans to and/or I											
Complete if the organiz	zation a T	nswere	<u>d "Yes" on F</u> T	orm 990	), Part IV, line 26	, or For	m 990-l		, line 38	<u>a</u>	
	` '	oan to				(e)	In	(f) Approv	/ed	(g)Writt	en
(a) Name of interested person and	1	m the	(c)0 rig		(d)Balance due	defau		by boar		agreement?	
purpose	organi	zation?	principal a	imount			committee?		tee?		
	То	From				Yes	No	Yes	No	Yes	No
							-				
							-				
							+		+		
			<u> </u>	<b>▶</b> s	1						
「otal					Dorsons						
Part III Grants or Assistar Complete if the orga						/ line :	27				
					een interested per						
(a) Name of interested pers	on	`	-		ganızatıon	.	( <b>c)</b> A n	nount of g	rant or ty	pe of assis	tance
					-						
		1				I .					

Part IV	Business 1	Transactions	Involvina	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	(c) A mount of transaction	(d) Description of transaction	organı	arıng of zatıon's nues?	
	organization			Yes	No	
(1) Alan S Schwartz	Board Member	Board Member 398,499 P			Νο	

#### Part V Supplemental Information

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

Ident if ier	Return Reference	<b>Explanation</b>
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Schedule L (Form 990 or 990-EZ) 2010

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OMB No 1545-0047

2010

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

Name of the organization BARBARA ANN KARMANOS CANCER HOSPITAL Employer identification number

20-1649466

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11a		The review process for Form 990 includes distribution and review of the Form 990 to the Finance Committee of the Board of Directors and the Board of Directors at their respective meetings

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Annual conflict of interest questionnaires are completed by Board members, Officers, and Executive Administration. Conflicts are summarized and reported to the Nominating and Governance Committee. Conflicts are compared to our vendor list to ensure all potential transactions that involve a conflict of interest are disclosed.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The KCI Board Chairman established a formal Compensation Committee that is responsible for the review of compensation for the CEO, including the administration of the short term incentive plan program when the funds are available to distribute under the plan. Any salary increase program is reviewed and approved by the KCI-KCC Finance Committee and the KCI-KCC Board of Directors as part of the annual budget proces.

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19		The Barbara Ann Karmanos Cancer Hospital governing documents, conflict of interest statements and financial statements are available to the public upon request

ldentifier	Return Reference	Explanation
F990_P11_S00_L05	XI, Line 5	Sale of Karmanos Cancer Hospital membership interest in joint venture with Crittenton. Net write down of promissory note and the investment (\$2,050,000), offset by other changes in unrestricted and temporarily restricted net assets \$610,189

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

DLN: 93493075009632

2010

OMB No 1545-0047

**Open to Public** Inspection

Schedule R (Form 990) 2010

### **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

(Form 990)

**SCHEDULE R** 

Name of the organization BARBARA ANN KARMANOS CANCER HOSPITAL					ntification number		
Part I Identification of Disregarded Entities (Compl	ete ıf the organızatı	on answered "Yes	s" on Form 990, Pa	rt IV, line 33.)			
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (sta or foreign country	(d) te Total income )	(e) End-of-year assets	(f) Direct controlling entity		
Part II  Identification of Related Tax-Exempt Organi or more related tax-exempt organizations during to  (a)  Name, address, and EIN of related organization	zations (Complete he tax year.)  (b) Primary activity	(c) Legal domicile (state	n answered "Yes"  (d)  Exempt Code section	<b>(e)</b> Public charity status	(f) Direct controlling	Section 5	( <b>g)</b> 512(b)(13 trolled
(1) Karmanos Cancer Institute		or foreign country)		(if section 501(c)(3))	entity	Yes	No No
4100 John R Detroit, MI 48201	Parent company of Cancer Hospital	MI	501(c)(3)	509(a)(3)	N/A		No
38-1613280							

Cat No 50135Y

<b>(a)</b> ame, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)  (f) Share of total income Share of end-oransets		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year				tal income Share of a		f) (g) Share of end-of-year assets						Share of end-of-year		(h Disprop allocat	ortionate	(i) Code V— amount in bo Schedule (Form 10	x 20 of K-1	<b>(j</b> Gener mana partr	al or ging	<b>(k)</b> Percentage ownership
								Yes	No			Yes	No																							
				ble as a Corpora zations treated as a						nswered "Y	es" on	Form	990,	Part IV,																						
Name, address, an	(a) Id EIN of related organiz	zation	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct cor enti	ntrolling	(e) Type of entity (C corp, S corp, or trust)		Type of entity (C corp, S corp,		Type of entity (C corp, S corp,		Share o	<b>(f)</b> f total income	Shai end-o	y) re of f-year sets		<b>(h)</b> Percentage ownership																		

(6)

	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Y	es	No													
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organi	ızatıons listed in Parts	s II-IV?	Γ		-														
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)			1	Lg		No			
										h	Exchange of assets			1	Lh		No			
i	Lease of facilities, equipment, or other assets to other organization(s)			:	Li Y	es														
				Γ																
j	Lease of facilities, equipment, or other assets from other organization(s)			:	Lj Y	es														
k	Performance of services or membership or fundraising solicitations for other organization(s)			1	lk Y	es														
ı	Performance of services or membership or fundraising solicitations by other organization(s)			[:	LI Y	es														
m	Sharing of facilities, equipment, mailing lists, or other assets			1	lm Y	es														
n	Sharing of paid employees			1	ln Y	es														
0	Reimbursement paid to other organization for expenses			[1	lo Y	es														
p	Reimbursement paid by other organization for expenses			1	lp Y	es														
q	O ther transfer of cash or property to other organization(s)			[1	Lq Y	es														
r	O ther transfer of cash or property from other organization(s)			[:	Lr		No													
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, inc		onships and transact																	
	(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	( <b>d</b> Method of deten Invol	mınıng	amou	int													
1)																				
2)	· · · · · · · · · · · · · · · · · · ·																			
- 1																				
3)	· · · · · · · · · · · · · · · · · · ·																			
4)																				
	· · · · · · · · · · · · · · · · · · ·																			
5)																				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	of entity  Primary activity  Legal domicile (state or foreign partners en country)  country)  partners en 501(c)(3) organizations?		<b>(e)</b> Share of end-of-year assets	(e) (f) Share of Disproprtionate allocations?			(I Gene mana part	agın tner?		
			Yes	No		Yes	No		Yes	N
										+
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#### Part VII Supplemental Information

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

I Identifier I Keturn Keterence I	Identifier Return Reference Explanation	
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Schedule R (Form 990) 2010

Consolidated Financial Report
with Additional Info



	Contents
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#### Independent Auditor's Report

To the Board of Directors
Barbara Ann Karmanos Cancer Institute
and Subsidiary

We have audited the accompanying consolidated balance sheet of Barbara Ann Karmanos Cancer Institute and Subsidiary (the "Institute") as of April 30, 2011 and 2010 and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended These consolidated financial statements are the responsibility of the Institute's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with auditing st erally accepted in the United ⊿ards States of America and standards applicable to financial dits\_c d in **Avernment Auditing** Standards, issued by the Comptroller General of the United dards require that es about whether the financial we plan and perform the audits to obtain reasonable as statements are free of material misstatement. An audit include kamining, on a test basis, ancial evidence supporting the amounts and disclosures in tements An audit also includes assessing the accounting principles used and hates made by management, ignifi We believe that our audits as well as evaluating the overall financial statement bres htatı provide a reasonable basis for our opinion

In our opinion, the consolidated financial section to above present fairly, in all material respects, the financial particle Carbara, as Karmanos Cancer Institute and Subsidiary at April 30, 2011 and 2010 are the consolidad direction of their operations, changes in net assets and cash flows for the year then ended, a conformity with accounting principles generally accepted in the United States of America

In accordance with *Government Politing Stant ds*, we have also issued our report dated August 15, 2011 on our consideration that are a Ann Karmanos Cancer Institute and Subsidiary's internal control over financial reporting on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide opinions on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audits.

August 15, 2011

#### **Consolidated Balance Sheet**

		Aprıl 30, 2011	 Aprıl 30, 2010
Assets			
Current Assets Cash and cash equivalents Patient service receivables - Net (Note 2) Contributions receivable (Note 4) Affiliation receivables (Note 11) Donor pledges collateralizing debt (Note 9) Other receivables Prepaid expenses and other Inventory	\$	18,434,693 21,489,354 2,836,602 2,979,571 2,000,000 3,683,724 3,484,243 2,265,456	\$ 25,618,146 13,646,316 2,785,565 2,400,114 6,225,000 3,546,990 2,860,890 1,643,247
Total current assets		57,173,643	58,726,268
Investments (Note 5)		17,152,726	15,790,172
Land, Buildings, and Equipment - Net (Note 7)		207,7	30,704,789
Contributions Receivable - Net of current portion (Note 4)		13, 5	13,986,965
Donor Pledges Collateralizing Debt - Net of current portion (Note 9)	7	4,200,000	-
Other Noncurrent Assets	_	3,753,345	4,983,853
Total assets		125,645,780	\$ 124,192,047
Current Liabilities  Current portion of notes payable and lease obligations (No.	\$	2,891,594	\$ 7,370,417
Current portion of donor-collateralize Accounts payable and accrued experimental Accrued payroll Affiliation payable (Note 11) Other current liabilities		2,000,000 18,111,655 7,531,584 18,962,248 3,846,639	19,138,532 13,799,361 7,313,597 17,121,861 3,839,551
Total current lia.		53,343,720	68,583,319
Long-term Notes Payable and Lease Obligation (Note 8)		17,600,666	6,691,038
Donor-collateralized Debt - Net of current portion (Note 9)		4,200,000	-
Long-term Affiliation Payable - Net of current portion (Note 11)		3,872,374	6,172,374
Other Liabilities		1,491,338	 1,893,858
Total liabilities		80,508,098	83,340,589
Net Assets Unrestricted Unrestricted - Board designated Temporarily restricted (Note 14) Permanently restricted (Note 14)		(5,520,461) - 36,195,663 14,462,480	(12,982,869) 3,872,122 34,969,696 14,992,509
Total net assets		45,137,682	40,851,458
Total liabilities and net assets	\$	125,645,780	\$ 124,192,047

#### **Consolidated Statement of Operations**

	Year Ended			
	_	Aprıl 30, 2011	A	prıl 30, 2010
Unrestricted Revenue, Gains, and Other Support Net patient service revenue (Note 3) Other (Note 15) Net assets released from restrictions	\$	228,211,537 22,515,047 10,583,201	\$	215,193,769 26,118,032 4,340,769
Total unrestricted revenue, gains, and other support		261,309,785		245,652,570
Expenses  Salanes and wages Employee benefits (Note 10) Supplies Pharmaceutical supplies Contracted services Purchased services - DMC Clinical arrangements Professional fees Lease expense (Note 17) Occupancy Insurance Depreciation Interest expense Provision for bad debts Other		70,338,323 7,022,365 7,914,883 73,62 26,1 8 60,602,033 2465,641 318,182 5,827,475 4,233,063 1,126,262 5,663,679 1,755,565 9,321,606 4,629,424		65,198,359 16,005,407 7,032,607 31,212,366 25,079,936 59,562,196 8,574,727 2,051,870 3,965,498 3,737,110 1,322,281 5,766,821 2,222,114 6,388,623 3,499,801
Total expenses (ote 16)		258,491,836	_	241,619,716
Operating Income		2,817,949		4,032,854
Change in Unrealized Gains on it tment (100 to 5)		283,641		2,799,547
Impairment and Write-off of Fixed Ass. (Note 12)  Net Gain on Business Ventures (Notes 18 and 19)		- 1,210,960		(1,791,178)
Excess of Revenue Over Expenses Before Transfers		4,312,550		5,041,223
Transfers to WSU		(1,854,211)		(1,074,020)
Excess of Revenue Over Expenses		2,458,339		3,967,203
Net Assets Released from Restrictions for Capital Acquisitions	;	288,913		633,267
Other Equity Transfers (Note 1)	_	843,034		1,055,683
Increase in Unrestricted Net Assets	<u>\$</u>	3,590,286	\$	5,656,153

### Consolidated Statement of Changes in Net Assets

Net assets released from restrictions for capital acquisitions 28	58,339 \$ 3,967, 88,913 633, 43,034 1,055,	203 267
Excess of revenue over expenses Net assets released from restrictions for capital acquisitions Other equity transfers  Increase in Unrestricted Net Assets  \$ 2,45 88 2,45 88 3,59	88,913 633, 43,034 1,055,	267
Net assets released from restrictions for capital acquisitions Other equity transfers  Increase in Unrestricted Net Assets  3,59	88,913 633, 43,034 1,055,	267
Other equity transfers 84  Increase in Unrestricted Net Assets 3,59	43,034 1,055	
Increase in Unrestricted Net Assets 3,59		<u>683</u>
-,	00 286	
Temporarily Restricted Net Assets	au,200 3,030,	153
Restricted contributions (Note 4)	54,848 9,221,	775
	07,402 877,	
	93,249) (4,974,	,
Other equity transfers	(1,649,	<u>145)</u>
Increase in Temporarily Restricted Net Assets	25,967 3,475,	701
Permanently Restricted Net Assets		
Restricted contributions	69,971 34,	021
Other equity transfers (60	00,000) 593,	462
(Decrease) Increase in Permanently Restricted 12th Assection (53	30,029) 627,	483
Increase in Net Assets 4,28	86,224 9,759,	337
Net Assets - Beginning of year 40,85	51,458 31,092,	121
Net Assets - End of year \$ 45,13	37,682 <b>\$ 40,851</b> ,	458

#### **Consolidated Statement of Cash Flows**

	Year Ended			
	Α	prıl 30, 2011	A	prıl 30, 2010
Cash Flows from Operating Activities				
Increase in net assets	\$	4,286,224	\$	9,759,337
Adjustments to reconcile increase in net assets to net cash from operating		, ,		, ,
activities				
Depreciation		5,663,679		5,766,821
Impairment of fixed assets		- (4.074.545)		1,791,178
Donated stock		(1,874,545)		(2,018,843) (498,957)
Realized gains on investments Unrealized gains on investments		(1,079,048) (283,641)		(2,799,547)
Net gain on investment		(1,210,960)		(2,733,347)
Net loss (gain) on disposal of miscellaneous furniture and		(1,210,000)		
equipment		3,515		(2,500)
Provision for bad debts		9,321,606		6,388,623
Change in the present value of contributions receivable	V	791,48		937,161
Changes in assets and liabilities which provided (used) cash				
Patient service receivables		(17,10-,-44)		(3,636,730)
Affiliation receivables		(579,457)		417,572
Contributions receivable		(13,894)		481,470
Other current assets		,382,296)		(2,477,033)
Donor pledges collateralizing debt Other noncurrent assets		25,000 2,441,468		605,000 (446,151)
Accounts payable and accrued expenses		4,312,294		539,285
Affiliation payables	A .	(459,613)		980,603
Accrued payroll and other current liabilities		(1,356,098)		1,330,127
Other noncurrent liabilities		` 179,135 <sup>°</sup>		565,848
Net cash provide a language active		1,620,212		17,683,264
Cash Flows from Investing Activitie				
Purchase of property and equip		(5,170,136)		(4,238,213)
Proceeds from sale of proper ded equipment		- (40,000,450)		2,500
Purchase of investments		(10,020,458)		(2,059,145)
Proceeds from sale and maturities estments		11,895,138		3,798,764
Net cash used in ting thes		(3,295,456)		(2,496,094)
Cash Flows from Financing Activities				
Proceeds from long-term debt		17,843,021		(2.220.420)
Principal payment on long-term debt Payments on donor guaranteed borrowings		(10,412,698) (12,938,532)		(3,326,429) (5,363,762)
rayments on donor guaranteed borrowings				(3,303,702)
Net cash used in financing activities		(5,508,209)		(8,690,191)
Net (Decrease) Increase in Cash and Cash Equivalents		(7,183,453)		6,496,979
Cash and Cash Equivalents - Beginning of year		25,618,146		19,121,167
Cash and Cash Equivalents - End of year	\$	18,434,693	\$	25,618,146
Supplemental Cash Flow Information				
Cash paid for interest	\$	1,755,565	\$	2,222,114
Purchase of equipment under long-term financing	•	-	•	471,771
Donated stock in payment of contribution receivable		1,874,545		2,018,843
Investment loss in joint venture		2,050,000		-
Sale of rights in affiliate in exchange for stock		3,260,960		-

## Notes to Consolidated Financial Statements April 30, 2011 and 2010

#### Note 1 - Nature of Business and Significant Accounting Policies

Barbara Ann Karmanos Cancer Institute (the "Institute") is a not-for-profit organization which provides support for laboratory research into causes and treatments of cancer, epidemiology research which can be used to track risk factors, clinical research to improve treatment in cancer patients, community research to prevent cancer in healthy populations or to diagnose it at earlier treatable stages, and provides clinical services to cancer patients and their families such as hospice, diagnostic testing, equipment, and supplies. The Institute's services are primarily funded by research grants and contracts, revenue generated from providing services to cancer patients, and contributions from individuals, corporations, and other private for idation functioning the United Way Community Services of Southeastern Michigan and other research into a not-for-profit organization.

Effective December 1, 2005, the Institute purchase cancer has pital operations from The Detroit Medical Center and established Barbara. Karmanos Cancer Hospital d/b/a Karmanos Cancer Center (the "Center The Center is sole member is the Institute and will be referred to herein as substitute and care of cancer patients, and the presention of lance.

Center (DiviC) and Wayne State University Agreements with The Detroit Meg (WSU) help the Institute provide tegrated cancer research and treatment ea and to maintain the National Cancer opportunities for the sa hchige. Barbara An Institute designation rmanos Cancer Institute Comprehensive Cancer Center as one of 4 n Although the Institute is not under common hroughout the n control under en DMC or WSU lese agreements are referred to as affiliation agreements throughout e consolida financial statements

There is a coordinated examining the Institute, DMC, and WSU for education, research, clinical services, community outreach, and development activities

**Basis of Presentation** - The consolidated financial statements have been prepared on the accrual basis of accounting, in accordance with the American Institute of Certified Public Accountants' Audit and Accounting Guide, *Healthcare Organizations* 

**Basis of Consolidation** - The accompanying consolidated financial statements include the accounts of Barbara Ann Karmanos Cancer Institute and Subsidiary All significant intercompany transactions and balances have been eliminated in consolidation

**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

## Notes to Consolidated Financial Statements April 30, 2011 and 2010

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

Accounts Receivable - Accounts receivable for patient services, insurance companies, and governmental agencies are based on gross charges. An allowance for uncollectible accounts has been 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 industry standards and adjusted for economic conditions and other trends affecting the Institute's ability to collect outstanding amounts Uncollectible amounts are written off against the allowance or doubtful accounts in the period they are determined to be uncolled Callowance for contractual лe adjustments and interim payment advances is ted parment rates from ed or ex payors based on current reimbursement method unt also includes es laims by certain payors (see amounts received as interim payments against uk a Note 3)

Contributions - Contributions, including promise and give and beneficial interests in lead trusts, are recorded as receivables at air value with received and recognized as revenue concurrently. Conditional progress make by or received by the Institute are not recorded as expenses or revenues intil the contributions affecting the obligation have been satisfied.

assets as restricted support if they are The Institute reports nd ou received with dong nder vircumstances that limit the use of the ripulations tion expires, that is, when a stipulated time donated assets en a donor res accomplished, temporarily restricted net assets restriction ends of spose restriction are reclassified to unicted net as is and reported in the consolidated statement of ssets eased from restrictions changes in net assets as N

The Institute reports gifts of perty 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 Institute reports the expiration of donor restrictions when the assets are placed in service.

**Inventory** - Inventories, which consist mostly of pharmaceutical products and medical and office supplies, are stated at cost, determined on a first-in, first-out basis or market

### Notes to Consolidated Financial Statements April 30, 2011 and 2010

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

Investments - Investments in equity securities with readily determinable fair value, investments in debt securities, and funds held in escrow are measured at fair value in the consolidated balance sheet. Investments held by Wayne State University are held in a pooled investment account that is measured at fair value. Investment income or loss (including realized and changes in unrealized gains and losses on investments, interest, and dividends) is included in excess of revenue (under) over expenses unless the income or loss is restricted by donor or law. Changes in unrealized gains or losses on investments are excluded from income from operations.

Substantially all of the Institute's investment profession is a sufficient as trading, with unrealized gains and losses included in excess of revenue (under) and expenses

Risks and Uncertainties - The Institute utilizes value investment instruments Investment securities, in general, are exposed to us risks, such as interest rate risk, credit risk, and overall market volatility. Due to the least risk associated with certain investment securities, it is reasonably possible that charges in the values of investment securities could occur in the near term and that streaming could materially affect the amounts reported in the consolidated ance sheet.

vising am Deposit Accounts - Custodial credit Concentration of Crea risk is the risk that in bank ware, the Institute's deposits may not be e event returned to it The titute's policy ted to custodial credit risk of bank deposits is to maintain all depo In a high quality stitution The Institute maintains balances in its deposit accounts to requately covincurrent operating payment expenses and, as a exceed the FDIC insurance limits of \$250,000 result, generally require Nances⊿ and an uninsured balance of \$24,565,197 Effective As of April 30, 2010, the December 31, 2010, the FDN adopted a final rule amending its deposit insurance regulations to adopt Section 343 of the Dodd-Frank Wall Street Reform and Consumer Protection Act (Dodd-Frank Act), providing for unlimited deposit insurance for "noninterest-bearing transaction accounts" through December 31, 2012 As of April 30, 2011, the uninsured cash balances total \$17,884,368

**Land, Building, and Equipment** - Land, building, and equipment acquisitions 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 basis over the estimated useful lives of the assets. Costs of maintenance and repairs are charged to expenses when incurred

**Donor Pledges Collateralizing Debt** - Donor pledges collateralizing debt are comprised of pledges that have been committed to support and guarantee the bank line of credit (see Note 9)

### Notes to Consolidated Financial Statements April 30, 2011 and 2010

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

Classification of Net Assets - Net assets of the Institute are classified as permanently restricted, temporarily restricted, or unrestricted depending on the presence and characteristics of donor-imposed restrictions limiting the Institute's ability to use or dispose of contributed assets or the economic benefits embodied in those assets Additionally, the board of directors has periodically directed management to designate unrestricted campaign pledge payments from donors to be used for future payments on bank indebtedness. These funds are classified on the comblidated balance sheet as tains control over boardunrestricted board-designated net assets Th boar designated net assets, and may, at its discreetly use them for other sub .e. purposes Donor-imposed restrictions that expire the pas f time or that can be removed by meeting certain requirements result in porarily restricted net assets Permanently restricted net assets result from depor-imporestrictions that limit the osses of restricted net assets are use of net assets in perpetuity Earnings, gar classified as unrestricted unless specifically r tricte donor or by applicable state law

Net Patient Service Revenue - The Institute has reements with third-party payors at amounts different from its established rates that provide for payments to the Inst wely determined rates per discharge, Payment arrangements pros. reimbursed costs, dis diem payments Net patient service inted chai revenue is reported the estimated et realizable amounts from patients, third-party d, including estimated retroactive adjustments payors, and other or services rend under reimburseme egreements h third-party payors Retroactively calculated adjustments arising un reimbu ment agreements with third-party payors are the period the related services are rendered and accrued on an estimated adjusted in future periods, as fix 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.

**Grants and Contracts** - Support is recognized as revenue when expenditures are incurred for the specific purposes established under a grant or contract

### Notes to Consolidated Financial Statements April 30, 2011 and 2010

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

Charity Care and Community Benefit - The Institute provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than established rates. Because the Institute does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

The Institute maintains records to identify and monitor the level of charity care provided. These records include the amount of charges forgone for services and supplies rendered under its charity care policy the sended April 30, 2011 and 2010, charity care services amounted to a coximal \$364,000 and \$635,000, respectively

In addition, under arrangements with various goods and insurance programs, the Institute provides significant care to the local indust population for which reimbursement for services rendered is generally as than we cost of providing such services. For the years ended April 30, 201 and 31, 201 and 31, 201 and 31, 201 and 31, 201, 300, aspect vely

As part of its obligation to the local con nunities, a stitute provides numerous other educational and patient and family grams that benefit the communities and are generally performed at, tutute provides those services through the The following access to the er Installe's Cancer Information Service and tollational free phone number educational pr intations, materials, and displays for prevention educational sessions, publications highlighting and early detect of cancer, gene new initiatives in to er research. atment, and education, and a resource center featuring videos, literatu and spea programs and resources for smoking cessation

Additionally, the Institute man significant investment in cancer research. Over 300 Institute investigators conduct an forms of research into the prevention, detection, and causes of cancer including basic, clinical, translational, epidemiological, and behavioral research. For 2011 and 2010, the Institute's investment in research activities exceeded all associated revenue sources by \$5,200,000 and \$4,200,000, respectively

**Fund-raising Events** - Fund-raising events direct expenses were approximately \$1,915,233 and \$1,583,000 for the years ended April 30, 2011 and 2010, respectively, and are included with expenses on the consolidated statement of operations

**Transfers to WSU** - The Institute has certain commitments to fund cancer research These research activities take place at WSU where the principal investigaters are employed and their cancer research is sponsored. The Institute transfers funds to WSU to help cover those research related expenditures

### Notes to Consolidated Financial Statements April 30, 2011 and 2010

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

**Excess of Revenue Over Expenses** - The consolidated statement of operations 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 capital acquisitions. Other equity transfers represent changes in donor designations and net losses on investments held in donor-restricted endowment funds and are excluded from excess of revenue over expenses.

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

Tax Status - The Institute and its substitute and its substitute and its substitute and nor nofit, tax-exempt organizations under Section 501(a) and Section 501(a) of the state and Revenue Code, accordingly, no tax provision is reflected in the code adated financial statements

**Subsequent Events** - The standard statements and related disclosures include evaluation of a cuts up this chain and a ading August 15, 2011, which is the date the consolidated fine stall statements are available to be issued

### Notes to Consolidated Financial Statements April 30, 2011 and 2010

#### Note 2 - Patient Service Receivables

The details of net patient service receivables and third-party settlements are set forth below

		2011	2010
Medicare	\$	6,658,729	\$ 5,291,122
Medicaid		(369,475)	(373,057)
Blue Cross/Blue Shield of Michigan		1,220,020	(3,563,015)
Managed care		752,364	6,819,394
Commercial		845,596	5,924,029
Other	V	2.120	 (452,157)
Total net patient service receivable and			
third party settlements	\$	489,354	\$ 13,646,316

The allowance for contractual adjustment and schements was \$51,995,941 and \$64,794,290 as of April 30, 2011 and 2010 respectively The allowance for uncollectible accounts was \$8,696,495 as \$8,91 977 as of April 30, 2011 and 2010, respectively

Certain of the hospital net extent server receivables are collateral for a bank line of credit (see Note 8)

#### Note 3 - Patient Servine Revenue

The Institute has a sements with the party payors that provide for reimbursement at discounted amounts it asstablished ates. A summary of the basis of reimbursement with these third-party payor follows:

Medicare - Inpatient, acce-care 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 primarily
reimbursed based on a prospectively determined amount per ambulatory payment
classification. Approximately 23 percent of the Institute's net patient service revenue
is received from the Medicare program.

### Notes to Consolidated Financial Statements April 30, 2011 and 2010

#### Note 3 - Patient Service Revenue (Continued)

- Medicaid Inpatient, acute-care services rendered to Medicaid program beneficiaries are also paid at prospectively determined rates per discharge Outpatient services are reimbursed on an established fee-for-service methodology Effective January 1, 2011 and January 1, 2010, the Medicaid payment rate was estimated to total 56 4 percent and 57 6 percent, respectively, of the Medicare payment rate Inpatient bone marrow transplant cases are paid on a cost basis Approximately 9 percent of the Institute's net patient service revenue is received from the Medicaid program
- Blue Cross/Blue Shield of Michigan Inpat in acute-care services are reimbursed at prospectively determined rates, it is charge attent services are reimbursed on fee-for-service, percentage of charge asis, and cost basis depending on type of service provided. Approximately 35 percent the Institute's net patient service revenue is received from the Blue (1995), as the Shiele of Michigan program.
- Other Third-party Payors The Institute had also intered into agreements with certain commercial carriers, health maintenance organizations, and preferred provider organizations. The bases or reimbuls ment under these agreements are discounts from established charges respectively determined rates per discharge, percentage of hospital and and prescrively determined daily rates.

Fees for professional and patient serves, net of contractual and other adjustments, for the years ended A 30, 2011 and 20 are as follows

	2011	2010
Hospital services	\$ 221,989,293	\$ 208,819,967
Hospice services	2,911,697	3,308,033
Professional radiological services	3,051,615	2,877,967
Other professional services	154,283	119,386
Total patient services revenue	228,106,888	215,125,353
Other services	104,649	68,416
Total	\$ 228,211,537	\$ 215,193,769

### Notes to Consolidated Financial Statements April 30, 2011 and 2010

#### Note 4 - Contributions Receivable

Unconditional promises to give as of April 30, 2011 and 2010 are as follows

		2011	_	2010
To be received in				
One year or less	\$	2,836,602	\$	2,785,565
Two to five years		7,556,882		7,819,993
Over five years		11,717,492		13,096,180
Total	M	2,110,976		23,701,738
Less				
Present value discount		6,6		6,889,217
Allowance for uncollectible pledges		18,308		39,991
Net unconditional promises to give	\$	94,937	\$	16,772,530

Contributions receivable have donor-imposed restrictions and outreach programs, facilities, and various other spects.

Approximately 80 percent and 81 percent of the net receivable balance is due from three significant contributes at a 20, 20, and 2010, respectively

### Notes to Consolidated Financial Statements April 30, 2011 and 2010

#### Note 5 - Investments

Investments are reported at fair value Fair value is generally determined using quoted market prices. The composition of investments at April 30, 2011 and 2010 is set forth in the following tables.

	2011	2010
Purpose		
Unrestricted	\$ <u>(</u> 1,910,138)	\$ (2,781,685)
Donor temporarily restricted investments	3,092,614	4,389,786
Donor permanently restricted investments	13,970,250	14,182,071
Total investments	\$ 17, 2-3	\$ 15,790,172
Debt mutual funds	3,996,600	\$ 3,729,462
Equity mutual funds	433,117	7,683,838
Investments held by Wayne State University	3,341,826	3,217,352
Other	2,268,183	1,055,296
Funds held in escrow	113,000	104,224
Total	\$ 17,152,726	\$ 15,790,172

Investments held by Consis the Incor and Anna Prentis Endowment Fund, which is held in a provid investment a point

Investment incoming and gains and loss are comprised of the following for the years ended April 30, 2011 2010

		2011		2010
Unrestricted investment income (ss)				_
Investment income (loss) included in other revenue,				
net of fees	\$	(1,334,328)	\$	93,521
Realized loss on investments		(52,729)		(14,177)
Change in net unrealized gains on investments		283,641		2,799,547
Temporarily restricted investment income				
Realized interest and dividend income		975,625		363,973
Realized gain on investments	_	1,131,777	_	513,134
Total	\$	1,003,986	\$	3,755,998

### Notes to Consolidated Financial Statements April 30, 2011 and 2010

#### Note 6 - 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 Institute's assets measured at fair value on a recurring basis at April 30, 2011 and 2010, and the valuation techniques used by the Institute to determine those fair values

In general, fair values determined by Level 1 in a suse market suse for identical assets or liabilities that the Institute level a line access.

Fair values determined by Level 2 inputs use oth capacits that are observable, either directly or indirectly. These Level 2 inputs include quote prices for similar assets and liabilities in active markets, and other inputs states interes are test and yield curves that are observable at commonly quoted intervals.

Level 3 inputs are unobservable inputs cliding input that are available in situations where there is little, if any, market active for the case. These Level 3 fair value measurements are based primarily management's own estimates using pricing models, discounted cash flow methods tes, or similar techniques taking into account the characteristics of the case.

In instances where courts used to me sure fair value fall into different levels in the above fair value hierarch cair value measurements in their entirety are categorized based on the lowest level input at its significant of the valuation. The Institute's assessment of the significance of particular buts to the effect of liability.

### Notes to Consolidated Financial Statements April 30, 2011 and 2010

Note 6 - Fair Value Measurements (Continued)

### Assets Measured at Fair Value on a Recurring Basis at April 30, 2011

	Quoted Prices in Active Markets for	Significant Other	Significant	
	Identical	Observable	Unobservable	
	Assets	Inputs	Inputs	Balance at
	(Level 1)	(Level 2)	(Level 3)	April 30, 2011
Debt mutual funds	\$ -	\$ 2006,60	_	\$ 2,996,600
Equity mutual funds	8,433,117		À	8,433,117
Investments held by Wayne State University	-	<b>M</b> .	35 26	3,341,826
Multi-strategy hedge fund	-		1,390,729	1,390,729
Other	877,454	-	-	877,454
Funds held in escrow -				
Money market funds	113,000		-	113,000

### Assets Measured at Fair Value and Reducing Basis at April 30, 2010

	Quoted es Active for Iden Asse (Level	Significant Other Diservable Inputs (Level 2)	Significant nobservable Inputs (Level 3)	Balance at oril 30, 2010
Debt mutual funds	\$ -	\$ 3,729,462	\$ -	\$ 3,729,462
Equity mutual funds	7 3,837	-	-	7,683,837
Investments held by Wayne				
State University	_	-	3,217,353	3,217,353
Multi-strategy hedge fund	-	-	358,765	358,765
Other	696,532	-	-	696,532
Funds held in escrow -				
Money market funds	104,223	-	-	104,223

### Notes to Consolidated Financial Statements April 30, 2011 and 2010

#### Note 6 - Fair Value Measurements (Continued)

Changes in Level 3 assets measured at fair value on a recurring basis for the years ended April 30, 2011 and 2010 are as follows

		nvestments ld by Wayne		
		State University		ıltı-strategy edge fund
Balance at April 30, 2010	\$	,217,353	\$	358,765
Purchases Total unrealized (losses) gains included in change				960,000
in net assets		(355,567)		71,964
Net transfers in	7	457,840	_	-
Balance at April 30, 2011	\$	341,826	\$	1,390,729
	he	nvestments Id by Wayne State University		ultı-strategy edge fund
Balance at April 30, 2	\$	2,773,396	\$	190,004
Purchases Total unrealized ga, excluded in char		-		150,000
in net assets		718,568		18,761
Net transfers out	_	(274,611)		
Balance at April 30, 2010	\$	3,217,353	<u>\$</u>	358,765

Observable and unobservable inputs may be used to determine the fair value of positions classified as Level 3 assets and liabilities. As a result, the unrealized gains and losses for these assets and liabilities presented in the tables above may include changes in fair value that were attributable to both observable and unobservable inputs.

The investments held under Wayne State University are categorized as Level 3 assets. The fair value of the Institute's interest in these investments is equal to the net asset value of the fund given there are no restrictions on redemptions or withdrawal penalties in place by the trustee. The multi-strategy hedge fund is also categorized as a Level 3 asset. The multi-strategy hedge fund invests in hedge funds that pursue multiple strategies to diversify risks and reduce volatility. The fair values of the investment have been estimated using the net asset value per share of the investment.

### Notes to Consolidated Financial Statements April 30, 2011 and 2010

### Note 7 - Land, Buildings, and Equipment

Land, buildings, and equipment consist of the following for the years ended April 30, 2011 and 2010

	_	2011	_	2010	Depreciable Life - Years
Land Buildings and building improvements Transportation equipment	\$	1,553,405 19,067,489	\$	1,553,405 18,527,295 83,968	- 5-30 4-8
Leasehold improvements		3 0,599	` (	3,230,059	10-12
Furniture - Artwork Software, office, and computer		1, 107		222/9	5-20
equipment		15,641,24		13,466,915	3-20
Medical equipment Construction in progress		14 345 654		4,447,132 2,114,074	3-15 -
Total cost		18,27 ,899		54,645,047	
Accumulated depreciation		(28,05)	_	(23,940,258)	
Net land, buildings, and equipment		0,207,731	<u>\$</u>	30,704,789	

Medical equipment studes leased as at April 30, 2011 and 2010 of \$4,985,051, net of accumulated at a second second

Computer equipment in tables lease assets at April 30, 2011 and 2010 of \$215,815, net of accumulated amortization \$11,314 and \$133,310, respectively

At April 30, 2011, construction progress included \$1,938,668 of accumulated costs related to the Eclipsys contract and the patient financial management system (see Note 12)

### Notes to Consolidated Financial Statements April 30, 2011 and 2010

### Note 8 - Notes Payable and Lease Obligations

Notes payable and installment obligations are comprised of the following for the years ended April 30, 2011 and 2010

		2011		2010
Equipment financing through seller, monthly principal and interest payments of \$68,660 over 84 months, interest rate at 6 percent through November 2012	\$	1,241,542	\$	1,967,172
Real estate and equipment financing through seller, monthly principal and interest payments of \$68,660 er 84 months, interest rate at 6 percent through Nove er 2012 Outstanding amounts were paid in February 20				1,967,172
Equipment financing, monthly principal and interest payments of \$51,438 over 72 months, interest rate at 10 percent		585,038		1,114,545
Bank line of credit, collateralized by certain losp of accounts receivable, monthly interest payer at at 5 5 percent. Outstanding amounts are due maturity. November 30, 2010		-		4,527,000
Membership interest in ion of final through seller. Interest rate at local plus of execut, incipal and interest payments to be paid in a lun or um by August 2013.		581,655		1,581,173
Bank line of credit, exteralized by train hospital accounts receivable, more interest payments at 5 percent. Outstanding amount receive at maturity on December 1, 2013		8,519,021		-
Bank term loan, collateralized by certain properties and other assets, monthly interest payments at 5 percent Outstanding amounts are due at maturity on December 1, 2013		7,437,500		-
Notes payable		18,364,756		11,157,062
Capital lease obligations	_	2,127,504	_	2,904,393
Total notes payable and capital lease obligations		20,492,260		14,061,455
Less current portion	_	2,891,594		7,370,417
Total long-term portion	\$	17,600,666	\$	6,691,038

### Notes to Consolidated Financial Statements April 30, 2011 and 2010

### Note 8 - Notes Payable and Lease Obligations (Continued)

Minimum principal payments on notes payable and aggregate payments, including estimated interest due on capital lease obligations for the years subsequent to April 30, 2011, are as follows

Years Ending April 30		Notes Payable	Capital Leases
2012		\$ 105,427	\$ 973,912
2013		1,802,807	837,835
2014		456,522	510,518
	Subtotal	\$ 18,36. 5	2,322,265
	Less amount representing interest		
	under capital lease obliga		194,761
	Total	Y	\$ 2,127,504

Subsequent to year end, the Institute as in defauth the bank term loan related to certain conditions surrounding the teral and received a waiver from the bank through December 31, 20

### Note 9 - Donor-collate alized Deb

Donor-collateralize lebt is comprise of the following for the years ended April 30, 2011 and 2010

	 2011	 2010	
Promissory notes A-C, interest payable quarterly at an interest rate of 2 50 percent over the LIBOR based rate through December 1, 2012, at which time the principal sum is due to a financial institution, guaranteed by various donors	\$ 3,300,000	\$ 3,300,000	
Promissory notes D-F, interest payable quarterly at an interest rate of 2 50 percent over the LIBOR based rate through December 1, 2012, at which time the principal sum is due to a financial institution,			
guaranteed by various donors	450,000	450,000	

### Notes to Consolidated Financial Statements April 30, 2011 and 2010

### Note 9 - Donor-collateralized Debt (Continued)

,				
		2011	_	2010
Promissory notes I, K, and L, interest payable quarterly at an interest rate of 2 50 percent over the LIBOR based rate through December 1, 2012, at which time the principal sum is due to a financial institution, guaranteed by various donors. Note M was paid in full in fiscal year 2011.	\$	450,000	\$	475,000
Promissory notes G, H, and J, interest parable quarterly at an interest rate of 2.0 percent over the LIBOR based rate through November 30, 2011, which time the principal sum is due to a financial institution, guaranteed by various donors		2,000,000		2,000,000
Pledge-based bank line of credit note, literal payable monthly at an interest rate of 3.7s percent over LIBOR, minimum LIBOR floor percent, monthly principal payments based or a 60-mon amortization beginning December 1, 108 through November 30, 2010, at the second payments balance was due, greanteed by combin on of donor pledges an attraight loan greantees from seven different a prison This note tured during 2011, with the recogning balance at that time	<b>&gt;</b>			
refinanced (Note 8)		_		12,913,532
Subtotal		6,200,000		19,138,532
Less current portion	_	2,000,000	_	19,138,532
Total long-term portion	\$	4,200,000	\$	

Donors have committed to support and guarantee various components of donor-collateralized debt. These pledges are reflected as donor pledges collateralizing debt in the consolidated balance sheet and follow the maturity schedules of the debt instruments.

The Institute has notes payable that are subject to certain financial covenants calculated on a quarterly basis. As of April 30, 2011, the Institute was in compliance with the debt covenants.

### Notes to Consolidated Financial Statements April 30, 2011 and 2010

#### Note 10 - Employee Benefit Plans

Employees of the Institute, upon attaining age 21 and two years of credited service, may participate on a voluntary basis in contributory, defined contribution money purchase pension plans. The Institute made an annual contribution to one of the plans of \$1,734,720 and \$1,827,730 for the years ended April 30, 2011 and 2010, respectively

In addition to the above plans, the Institute provides certain healthcare benefits to retirees who have at least 10 years of credited service. The postretirement benefit plan was frozen effective December 31, 1999. Employees retiring after December 31, 1999 will not receive healthcare benefits. Actual cash symmetric elated to the retiree benefit program were \$93,842 and \$110,711 for the pears expectively.

#### Note 11 - Transactions Under Affiliation Agreements

Consistent with affiliation agreements, funds the tween train organizations for a variety of programmatic and operating purposes following revenues from certain affiliates were recorded by the Institute

	2011		 2010	
Revenue received from			 	
DMC	\$	574,366	\$ 765,807	
WSU		1,326,360	1,102,446	
Other		1,436,961	 1,185,677	
Total	\$	3,337,687	\$ 3,053,930	

The Institute provides could patir a services to DMC at amounts which approximate costs and the revenues for the excess are included above

During 2011 and 2010, \$4,448,965 and \$4,368,531, respectively, was received from WSU and is included in grants and contracts revenue

At April 30, 2011 and 2010, net receivables of \$2,979,571 and \$2,400,114, respectively, were due from DMC and WSU At April 30, 2011 and 2010, the Institute owed WSU approximately \$1,500,000 for advances received to help with construction projects

### Notes to Consolidated Financial Statements April 30, 2011 and 2010

### Note 11 - Transactions Under Affiliation Agreements (Continued)

After the purchase of cancer hospital operations from DMC, the Center continues to purchase certain clinical ancillary and non-ancillary services from DMC at agreed- upon rates which approximate DMC cost. The initial term of the services agreement is five years and any service can be terminated upon mutual agreement during the term of the lease. The Institute is currently re-negotiating its purchase agreement with DMC. The current agreement has been extended on a rolling 180-day period during renegotiations.

Expenses and transfers recorded by the Institutional ancillary and non-ancillary services from DMC, leased facilities from both MC at SU, and research support consistent with affiliation agreements as follows

			2011	2010
DMC WSU			5 7 ,813,451 6,999,061	\$ 71,943,149 6,149,134
	Total		8 80,812,512	\$ 78,092,283

Affiliation payables included \$13,25 93 and \$5,634,747 for DMC and WSU, respectively, at April 30 22.1. \$13,2. \$24 and \$3,817,888 for DMC and WSU, respectively, at April 27, 2010 of a punts eved to affiliates for operating expenses Noncurrent affiliation payables include \$2,399,379 and \$1,472,995 for DMC and WSU, respectively, at \$2,30, 2011 and \$499,370 and \$2,672,995 for DMC and WSU, respectively, at April 2010

#### Note 12 - Commitments and open gencies

The Institute receives funds from various organizations to finance cancer research and other services to the community Accordingly, the Institute's compliance with applicable grant requirements may be subject to further verification by the grantors at some future date Although expenditures that may be disallowed by the granting organizations cannot be determined at this time, the management of the Institute believes that the amount, if any, would not be material

In July 2008, the Institute signed a seven-year contract with Eclipsys for new, enterprise-wide clinical and patient financial management systems and to outsource its information technology services at a cost of approximately \$66,800,000. In July 2009, the Institute notified Eclipsys of its intention not to proceed with the implementation of the clinical system.

### Notes to Consolidated Financial Statements April 30, 2011 and 2010

#### Note 12 - Commitments and Contingencies (Continued)

In February 2010, the Institute signed a contract revision providing for continued outsourcing of its information technology services for a 10-year term and the implementation of a patient financial management system for a seven-year term. As part of the contract revision, the parties agreed not to implement the enterprise-wide clinical system. Payments under the new contract will aggregate approximately \$54,000,000 through February 2020. At April 30, 2011, the remaining commitment under the contract was approximately \$43,500,000. Included in the impairment and write-off of fixed assets in the consolidated statement of operations of the year ended April 30, 2010 is \$1,600,000 from discontinuing the impairment of the clinical system and changing the patient financial management system to a discontinuous product, of which \$1,300,000 related to costs capitalized during the all year.

### Note 13 - Medical Malpractice Claims

The Institute, from time to time, is subject to an and write arising in the normal course of its operations. In the opinion of range its solution of these claims and suits will not have a material effect on the co-colidated financial statements of the Institute.

The Institute is insured against media apalpractice claims under a claims-based policy, whereby only the claims to the purance carrier during the policy period are covered regardless of them the interest giving use to the claim occurred

Should the claims and policy not be newed, claims based on the occurrences during the claims-made to but reported susquently, may be uninsured. The Institute has the option to purchase all coverages cover claims based on occurrences during the claims-made term but reported subsequently.

The Institute is not aware of any medical malpractice claims, either asserted or unasserted, that would exceed the policy limits. No claims have been settled that have exceeded policy coverage limits. The cost of this insurance policy represents the Institute's cost for such claims for the year and has been charged to operations as a current expense.

### Notes to Consolidated Financial Statements April 30, 2011 and 2010

### Note 14 - Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes or periods at April 30, 2011 and 2010

	2011	2010
Specific program activities		
Research	\$ 10,242,346	\$ 9,484,803
Clinical and outreach programs	8,250,409	8,135,627
Facilities	, 256,308	1,153,371
Research, clinical and outreach programs, and		
facilities for periods after April 30	5 446,600	16,195,895
Total temporarily restricted net assets	\$ 36,	\$ 34,969,696

Permanently restricted net assets at April 30, 2011 and 2 as comprised below, are restricted to investments in perpetuity, the from which is to be expended for the respective purposes

	2011	2010
Specific program activities		
Research	\$ 12,867,792	\$ 13,401,337
Clinical and outreach	92,860	90,860
Facilities	1,501,828	1,500,312
Total per mently restricted at assets	\$ 14,462,480	\$ 14,992,509

During 2004, and with a sent of the riginal donor, the Institute borrowed \$1,225,000 from one of the permaneur restricted endowment funds and transferred the funds to the unrestricted fund. The load pointerest-bearing and is due to the endowment fund in five annual installments of \$245,000 beginning in May 2006. The full loan was repaid in 2011.

During 2011, the Institute received consent from the original donor to transfer \$600,000 from one of the permanently restricted endowment funds to one of the temporarily restricted funds

### Notes to Consolidated Financial Statements April 30, 2011 and 2010

2011

2010

#### Note 15 - Other Revenue

The detail of other revenue is shown below

		2011		2010
Donor contributions and fundraising events Grants and contracts Affiliation revenue	\$	3,537,956 15,538,940 3,337,687	\$	5,557,591 16,237,235 3,053,930
United Way contributions		228,759		427,677
Other		(128,295)		841,599
Total other revenue	\$	515,047	\$	26,118,032
			'	

### Note 16 - Functional Expenses

Most expenses have been charged to the x are sprogram and management and general on an actual basis. Other expenses have can allocated using compensation costs as an allocation base. Although the neth document and propriate, other methods could be seed that would produce different amounts Expenses related to providing these solvices for years ended April 30, 2011 and 2010 are as follows.

		<u> </u>	2010	
Research Clinical and outre programs Management and get al	217,30	0,092 \$ 4,961 7,600	12,736,933 203,093,097 22,698,759	7
Fundraising	3,29	9,183	3,090,927	7
Total	\$ 258,49	1,836 \$	241,619,716	3

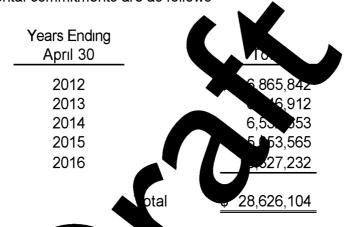
### Notes to Consolidated Financial Statements April 30, 2011 and 2010

#### Note 17 - Operating Leases

The Institute is obligated under certain operating leases, primarily for facilities and medical equipment. Total rent expense under these leases was \$5,827,475 and \$3,965,498 for the years ended April 30, 2011 and 2010, respectively

The following is a schedule of future minimum lease payments under operating leases that have initial or remaining lease terms in excess of one year

Future minimum rental commitments are as follows



### Note 18 - Imaging Tech Logy De lopm

In 1999, the Institute began to device a proprietary apparatus for high resolution detection and characterization of more cal pathologies, which is a new imaging and characterization device. The Institute has received U S patent protection to cover the intellectual value developers a proof of this project. A first prototype has been built and a second is under perform the testing. Since 1999, \$18,631,674 has been expended on the project, including \$1,596, 28 as of April 30, 2011, as part of a grant received by the Institute from the State of Michigan.

Of the total amount expended by the Institute on the project, \$6,490,000 was borrowed from Comerica Bank and \$6,200,000 is still outstanding. This borrowing was collateralized by the pledges or guaranties of a number of significant donors, who currently are making the interest payments on this indebtedness. Under the terms of the pledges, if the invention fails to lead to a commercially viable product, or if the loans are otherwise required to be repaid prior to the Institute receiving funds from the product, the principal of the loans is expected to be repaid by these donors through their pledges or guaranties.

### Notes to Consolidated Financial Statements April 30, 2011 and 2010

#### Note 18 - Imaging Technology Development (Continued)

The Institute formed Delphinus Medical Technologies, LLC, a Michigan limited liability company (Delphinus LLC) in May 2008 Effective May 13, 2010, Delphinus LLC merged with and into Delphinus Medical Technologies, Inc., a Delaware corporation (Delphinus Inc.) with Delphinus Inc. being the surviving entity. As part of the merger, 3,260,950 shares of common stock of Delphinus Inc. were issued to the Institute with an estimated fair value of \$3,260,960, which has been reported in net gain on business ventures in the statement of operations. The Institute is the owner of 25.7 percent of the voting stock and has accounted for its investment in Delphinus Inc. up to the equity method. The Institute's share of the net losses through April 3, 2011, 464, \$257,341

The summary of financial position and results of elphinus Medical Technologies, Inc as of December 31, 2010 as follows total assets equal \$6,480,258, total liabilities equal \$94,560, stockhologies equity equals \$6,385,698, revenue equals \$244,479, and expense equals \$505

The Institute transferred its ownership integral in the state of the subsidiary in May 2011

#### Note 19 - Joint Ventures

venture with Crittenton Hospital Medical In 2006, the Institute entered into a of own and operating a joint radiation oncology Center (Crittenton) for ices were ex ded to include other cancer related patient care program In 2010, sa ced facility in R ed into a promissory note agreement with the e amount of \$2,525,000. The at a newly const hester Hills In consideration of the original membership interest the Institute en other member of the venture in e amount of \$2,525,000 The Institute's share of joint venture cash distributes h been paid on the promissory note bringing the The Institute's investment in the joint venture as balance to approximately \$1, of April 30, 2010 was approximately \$4,200,000

In June 2011, the two members signed a letter of intent for the Institute to sell its membership interest back to Crittenton on June 30, 2011. As a result of this transaction, the promissory note will be reduced to approximately \$584,000 and due with interest at LIBOR plus 0.5 percent in 24 months. The write down of the promissory note and the write down of the investment in the joint venture is shown net at \$2,050,000 and is included in the consolidated statement of operations in net gain on business ventures.

### Notes to Consolidated Financial Statements April 30, 2011 and 2010

#### Note 19 - Joint Ventures (Continued)

The Institute has guaranteed obligations of Crittenton-Karmanos Health Services up to \$13,145,906 of a mortgage loan. As of April 30, 2011, the outstanding balance on this loan is \$12,620,069 and is payable through December 31, 2013. Crittenton-Karmanos Health Services is making all payments due on the loans and all related expenses Included in the June 2011 letter of intent, Karmanos has full indemnity from Crittenton for any demands, expenses, losses, etc. arising from the guaranty.

Effective October 2009, the Center entered into a joint venture with two other facilities for the purpose of owning and operating a ramition ology program in Monroe, Michigan The three organizations are equal m e not-far-profit, non-stock hbers' corporation The two other organizations ont utions for their cası membership and the Center is providing the C ate of war for the radiation oncology equipment The joint venture will lease space the operations in a facility that is currently being designed and built by of the r members The facility pately \$8,500 included in other became operational in June 2011 There w apr the Center for organization current receivables due from the joint venture to imb costs

#### Note 20 - Fair Value of Financial Inchements

The following methods are periods are used to estimate the fair value of each class of financial instruments for when it is preciously to estimate that value

Cash and Cash F avalents - The course amount approximates fair value because of the short maturity allows instrument

Accounts Receivable, sounts styable, and Accrued Liabilities - The carrying amount reported in the counts and balance sheet for accounts receivable, accounts payable, and accrued liabilities a foximates its fair value

Notes Payable and Lease Obligations - The fair value of the Institute's notes payable and lease obligations is estimated using discounted cash flow analysis, based on current investment borrowing rates for similar types of borrowing arrangements. The carrying amount reported in the consolidated balance sheet for notes payable and lease obligations approximates its fair value.

**Donor-collateralized Debt** - The carrying amount reported in the consolidated balance sheet for donor-collateralized debt approximates its fair value

### Notes to Consolidated Financial Statements April 30, 2011 and 2010

#### Note 21 - Donor- and Board-restricted Endowments

The Institute's endowment includes donor-restricted endowment funds. Net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

The Institute classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift\_nstrument at the time the accumulation is added to the fund. The remaining n of the donor-restricted ad net assets is classified as endowment fund that is not classified in permain ntly re temporarily restricted net assets until those am for expenditure by the Institute in a manner consistent with the sta d of prude e prescribed by the Uniform Management of Institutional Funds Act (DMI) The Institute considers the following factors in making a determination appropi or accumulate donorrestricted endowment funds

- (1) The duration and preservation of the Nind
- (2) The purposes of the Institute and the dond restricted endowment fund
- (3) General economic conditions
- (4) The possible effect of inflation a deflation
- (5) The expected to and the appreciation of investments
- (6) Other resource of the Institu
- (7) The investment policies of the stitute

### Endowment Asset Composition by Type of Fund as of April 30, 2011

	_	emporarily Restricted	Permanently Restricted			Total		
Donor-restricted endowment funds	\$	4,482,933	\$	14,462,480	\$	18,945,413		

### Notes to Consolidated Financial Statements April 30, 2011 and 2010

Note 21 - Donor- and Board-restricted Endowments (Continued)

### Changes in Endowment Net Assets for the Fiscal Year Ended April 30, 2011

	Temporarily Restricted		F	Permanently Restricted		Total
Endowment net assets - Beginning of year	\$	3,692,945	\$	14,992,509	\$	18,685,454
Net appreciation (realized and unrealized)		789,988		<b>.</b> .		789,988
Contributions		-	M	69,971		69,971
Other changes - Equity transfers Endowment net assets -				(600,000)	_	(600,000)
End of year	\$	4,482	\$	14,40-,00	<u>\$</u>	18,945,413

### Endowment Net Asset Composition by of Fundas of April 30, 2010

	T			ermanently Restricted	Total
Donor-restricted endowment funds	\$	3,692,5-13	, <u>\$</u>	14,992,509	\$ 18,685,454

### Changes in Endow sets to the Fiscal Year Ended April 30, 2010

	Temporarily Restricted			Permanently Restricted		Total
Endowment net ass	/					
Beginning of year	\$	1,648,836	\$	14,365,026	\$	16,013,862
Net appreciation						
(realized and unrealized)		2,044,109		-		2,044,109
Contributions		-		34,021		34,021
Other changes - Equity transfers		-	_	593,462	_	593,462
Endowment net assets -						
End of year	\$	3,692,945	\$	14,992,509	\$	18,685,454

### Notes to Consolidated Financial Statements April 30, 2011 and 2010

#### Note 21 - Donor- and Board-restricted Endowments (Continued)

#### **Funds with Deficiencies**

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or UMIFA requires the Institute to retain as a fund of perpetual duration. In accordance with GAAP, deficiencies of this nature that are reported in unrestricted net assets were \$246,862 and \$1,229,429 as of April 30, 2011 and 2010, respectively. These deficiencies resulted from unfavorable market fluctuations that occurred shortly after the investment of new permanently restricted contributions and continued appropriation for certain programs that was deemed prudent by the board of direct as

### **Return Objectives and Risk Parameters**

The Institute has adopted investment and spending ps s for endowment assets and their investment returns that attempt to provide funding rograms supported by its endowment while seeking to maintain the pa power of the endowment assets Endowment assets include those assets of d unds that the Institute must or-r hold in perpetuity or for a donor-specific period Inde this policy, as approved by the board of directors, the endowment ass s are in in a manner that is intended to meet fiduciary requirements, follows ated spending policy, and strives to expand the purchasing power while tolof interim fluctuations in the market value eg the The Institute expects wer time, to provide an average rate of funàs STIGOWIN return of approxima ally Actual returns in any given year may vary 7 percent a from this amount,

#### Strategies Employ for Achievin bjectives

To satisfy its long-term to of-reach objectives, the Institute relies on a total return strategy in which investment as are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Institute targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints.

#### Spending Policy and How the Investment Objectives Relate to Spending Policy

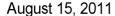
The Institute has a policy of appropriating for distribution each year 5 percent of its endowment fund's average fair value over the prior four quarters through the calendar year end preceding the fiscal year in which the distribution is planned. In establishing this policy, the Institute considered the long-term expected return on its endowment Accordingly, over the long-term, the Institute expects the current spending policy to allow its endowment to grow at an average of 2 percent annually. This is consistent with the Institute's objective to maintain the purchasing power of the endowment assets held in perpetuity or for a specified term as well as to provide additional real growth through new gifts and investment return.

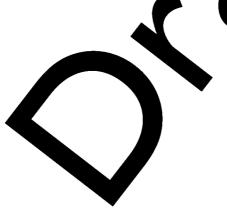
# Additional Information

#### Auditor's Report on Additional Information

To the Board of Directors
Barbara Ann Karmanos Cancer Institute
and Subsidiary

We have audited the consolidated financial statements of Barbara Ann Karmanos Cancer Institute and Subsidiary as of April 30, 2011 and 2010 Our audits were made for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The consolidating balance sheet and statements of operations and cash flows in the accompanying schedules are rinancial statements rather advidual organizations and presented for the purpose of additional analysis of the cassolidate than to present the financial position and results of oper ons of e cosolidating balance are not a required part of the basic consolidated financia sheet and statements of operations and cash flows have on subject to the procedures our opinion, are fairly stated applied in the audits of the consolidated financial statements and in all material respects in relation to the consolidated fig. al state. s taken as a whole





# Consolidating Balance Sheet April 30, 2011

	Kar	Karmanos Cancer Institute		Karmanos Cancer Center		Total
Assets						
Current Assets Cash and cash equivalents Patient service receivables - Net Contributions receivable Affiliation receivables Donor pledges collateralizing debt Other receivables Prepaid expenses and other Inventory	\$	11,793,013 688,476 2,836,602 1,713,790 2,000,000 819,346 1,864,947	\$	6,641,680 20,800,878 - 1,265,781 - 2,864,378 1,619,296 2,254,253	\$	18,434,693 21,489,354 2,836,602 2,979,571 2,000,000 3,683,724 3,484,243 2,265,456
Total current assets		21 7,377		35,446,265		57,173,643
Investments		17,03.				17,152,726
Land, Buildings, and Equipment - Net		7,835, 41		22,371,890		30,207,731
Intercompany Receivables		(17 441)		7,707,441		-
Contributions Receivable - Net of current portion		ر 158	7	· -		13,158,335
<b>Donor Pledges Collateralizing Debt</b> - Net of current portion		4,20 000	P	<u>-</u>		4,200,000
Other Noncurrent Assets		3,00.	_	745,840		3,753,345
Total assets		49,261,343	\$	76,384,437	\$	125,645,780
Liabilities and Net As						
Current Liabilities  Current portion of notes payable and lease obligations  Current portion of donor-collegative debt  Accounts payable and accrued expectations  Accrued payroll  Affiliation payable  Other current liabilities		123,045 2,000,000 8,880,910 5,134,829 4,347,762 3,261,504	\$	2,768,549 - 9,230,745 2,396,755 14,614,486 585,135	\$	2,891,594 2,000,000 18,111,655 7,531,584 18,962,248 3,846,639
Total current liabilities		23,748,050		29,595,670		53,343,720
Long-term Notes Payable and Lease Obligations - Net of current portion		7,760		17,592,906		17,600,666
Donor-collateralized Debt - Net of current portion		4,200,000		-		4,200,000
Long-term Affiliation Payable - Net of current portion		1,472,995		2,399,379		3,872,374
Other Liabilities		561,338		930,000		1,491,338
Total liabilities		29,990,143		50,517,955		80,508,098
Net Assets Unrestricted Temporarily restricted Permanently restricted		(29,845,071) 34,653,791 14,462,480		24,324,610 1,541,872 -		(5,520,461) 36,195,663 14,462,480
Total net assets		19,271,200		25,866,482		45,137,682
Total liabilities and net assets	<u>\$</u>	49,261,343	<u>\$</u>	76,384,437	\$	125,645,780

# Consolidating Balance Sheet (Continued) April 30, 2010

	Karmanos Cancer Institute		Karmanos Cancer Center			Total
Assets						
Current Assets  Cash and cash equivalents Patient service receivables - Net Contributions receivable Affiliation receivables Donor pledges collateralizing debt Other receivables Prepaid expenses and other	\$	13,433,121 842,532 2,785,565 1,300,171 6,225,000 644,137 2,194,706	\$	12,185,025 12,803,784 - 1,099,943 - 2,902,853 666,184	\$	25,618,146 13,646,316 2,785,565 2,400,114 6,225,000 3,546,990 2,860,890
Inventory		,747		1,626,500		1,643,247
Total current assets		27 979	•	284,29		58,726,268
Investments		15,685		3		15,790,172
Land, Buildings, and Equipment - Net		6,889,794		23,814,995		30,704,789
Intercompany Receivables		(1) (2)		,498,579		-
Contributions Receivable - Net of current portion		3,986		-		13,986,965
Other Noncurrent Assets	4	4 376	F	4,942,477		4,983,853
Total assets		47,54	\$	76,644,563	\$	124,192,047
Liabilities and Net Assets						
Current Liabilities  Current portion of notes payable are case obligation.  Current portion of donor-collate and debt  Accounts payable and accrued a conses  Accrued payroll  Affiliation payable  Other current liabilities	\$	178,925 6,225,000 7,169,199 5,091,624 3,405,914 3,231,231	\$	7,191,492 12,913,532 6,630,162 2,221,973 13,715,947 608,320	\$	7,370,417 19,138,532 13,799,361 7,313,597 17,121,861 3,839,551
Total current liabilities		25,301,893		43,281,426		68,583,319
Long-term Notes Payable and Lease Obligations Net of current portion		130,819		6,560,219		6,691,038
Long-term Affiliation Payable - Net of current portion		2,672,995		3,499,379		6,172,374
Other Liabilities		914,821		979,037		1,893,858
Total liabilities		29,020,528		54,320,061		83,340,589
Net Assets Unrestricted Unrestricted - Board designated Temporarily restricted Permanently restricted		(33,668,807) 3,872,122 33,331,132 14,992,509		20,685,938 - 1,638,564 -		(12,982,869) 3,872,122 34,969,696 14,992,509
Total net assets		18,526,956		22,324,502	_	40,851,458
Total liabilities and net assets	\$	47,547,484	\$	76,644,563	\$	124,192,047

### Consolidating Statement of Operations Year Ended April 30, 2011

	Ca	Karmanos ancer Institute	С	Karmanos ancer Center		Total
			<u> </u>	411001 0011101	_	10001
Unrestricted Revenue, Gains, and Other Support Net patient service revenue Other	\$	3,115,628 11,775,745	\$	225,095,909 10,739,302	\$	228,211,537 22,515,047
Net assets released from restrictions	_	9,918,510	_	664,691	_	10,583,201
Total unrestricted revenue, gains, and other support		24,809,883		236,499,902		261,309,785
Expenses		•				
Salanes and wages		17,4 340		52,937,383		70,338,323
Employee benefits Supplies		4, ,038		12,571,327 71.8		17,022,365 7,914,883
Pharmaceutical supplies		296.		32		32,473,630
Contracted services		10,408,		16,390,905		26,799,705
Purchased services - DMC		_		60,602,033		60,602,033
Clinical arrangements		30		450,012		8,465,641
Professional fees		642 04		892,861		2,318,182
Lease expense Occupancy		642 04 1,00 347		5,184,671 3,226,716		5,827,475 4,233,063
Insurance		1,00	•	1,043,290		1,126,262
Depreciation	I	1,540,452		4,123,187		5,663,679
Interest expense		256,363		1,499,202		1,755,565
Provision for bad debts		12,925		9,308,681		9,321,606
Other		\$53,530		975,894		4,629,424
Corporate allocation	lacksquare	(15,455,197)		15,455,197		
Total expenses	)_	27,681,348	_	230,810,488		258,491,836
Operating (Loss) Income		(2,871,465)		5,689,414		2,817,949
Change in Unrealized Gains and Loss Investments		283,641		-		283,641
Net Gain (Loss) on Business Ventures		3,260,960		(2,050,000)		1,210,960
Excess of Revenue (Under) Over Expenses Before Transfers		673,136		3,639,414		4,312,550
Transfers to WSU and DMC	_	(1,791,458)		(62,753)		(1,854,211)
Excess of Revenue (Under) Over Expenses		(1,118,322)		3,576,661		2,458,339
Net Assets Released from Restrictions for Capital Acquisitions		226,902		62,011		288,913
Other Equity Transfers		843,034	_			843,034
(Decrease) Increase in Unrestricted Net Assets	\$	(48,386)	\$	3,638,672	\$	3,590,286

# Consolidating Statement of Operations (Continued) Year Ended April 30, 2010

	Karmanos		Karmanos		
	Cancer Institute		Cancer Center		Totals
Unrestricted Revenue, Gains, and Other Support	\$ 3,707	7,789 \$	211,485,980	\$	215,193,769
Net patient service revenue Other	3,707 15,28 <sup>2</sup>		10,836,596	φ	26,118,032
Net assets released from restrictions	4,272		68,487		4,340,769
Total unrestricted revenue, gains, and other support	23,261	,507	222,391,063		245,652,570
Expenses					
Salaries and wages	16,993	8,805	8,204,554		65,198,359
Employee benefits	4,4	365	11,586,842		16,005,407
Supplies	1,	,429	5,500,178		7,032,607
Pharmaceutical supplies	0.226		47.8		31,212,366
Contracted services Purchased services - DMC	9,236	0,5.20	15, s 1 59,546,296		25,079,936 59,562,196
Clinical arrangements		1,138	8,548,589		8,574,727
Professional fees		ર	450,647		2,051,870
Lease expense	469		3,496,062		3,965,498
Occupancy	808		2,931,071		3,737,110
Insurance	7	127	1,243,854		1,322,281
Depreciation	1,40		4,362,173		5,766,821
Interest expense Provision for bad debts	<b>\</b>	9,5 <del>09</del> 8,247	1,942,545 6,360,376		2,222,114 6,388,623
Other	2,611		888,511		3,499,801
Corporate allocation		),350 <u>)</u>	12,360,350		-
Total expenses	27,406	5,003	214,213,713		241,619,716
Operating (Loss) Income	(4,144	,496)	8,177,350		4,032,854
Change in Unrealized Gains and Loon					
Investments	2,799	9,547	-		2,799,547
Impairment of Fixed Assets		(684)	(1,790,494)	_	(1,791,178)
Excess of Revenue (Under) Over Expenses					
Before Transfers	(1,345	5,633)	6,386,856		5,041,223
Transfers to WSU and DMC	(942	2,233)	(131,787)		(1,074,020)
Excess of Revenue (Under) Over Expenses	(2,287	7,866)	6,255,069		3,967,203
Net Assets Released from Restrictions for Capital Acquisitions	389	9,709	243,558		633,267
Other Equity Transfers		5,683	, - -		1,055,683
			6,498,627	•	
(Decrease) Increase in Unrestricted Net Assets	\$ (842	<u>,474)</u> \$	0,430,027	<u>\$</u>	5,656,153

### Consolidating Statement of Cash Flows Year Ended April 30, 2011

	Karmanos Cancer Institute		Karmanos Cancer Center		Totals	
Cash Flows from Operating Activities						
Increase in net assets	\$	744,244	\$	3,541,980	\$	4,286,224
Adjustments to reconcile increase in net assets to net cash		,		, ,		, ,
from operating activities						
Depreciation		1,540,492		4,123,187		5,663,679
Donated stock		(1,874,545)		-		(1,874,545)
Realized gains on investments		(1,079,048)		=		(1,079,048)
Unrealized gains on investments		(283,641)		-		(283,641)
Net (gain) loss on investments		(3,260,960)		2,050,000		(1,210,960)
Net loss on disposal of miscellaneous furniture and			47	3,515		2 515
equipment Provision for bad debt		12,92		9,308,681		3,515 9,321,606
Change in the present value of contributions receivable		79148		9,300,101		791,487
Patient service receivables		31	•	75)		(17,164,644)
Affiliation receivables				(165,838)		(579,457)
Contributions receivable		(13,85		. , , ,		(13,894)
Other current assets	_	368,956	•	(2,751,252)		(1,382,296)
Donor pledges collateralizing debt		200	. 7	-		25,000
Other noncurrent assets				2,146,636		2,441,468
Accounts payable and accrued expenses	7	11,7		2,600,583		4,312,294
Affiliation payables	1	258,1		(201,461)		(459,613)
Accrued payroll and other current liabilities		9		(1,429,577)		(1,356,098)
Other noncurrent liabilities	_	(১৯৯,481)	_	532,616	_	179,135
Net cash (used in) pro-		(833,083)		2,453,295		1,620,212
Cash Flows from Investing Activit						
Purchase of property and equipment		(2,473,948)		(2,696,188)		(5,170,136)
Purchase of investments		(10,020,458)		-		(10,020,458)
Proceeds from sale of maturities restments		11,891,388		3,750		11,895,138
Net cash used in im.		(603,018)		(2,692,438)		(3,295,456)
Cash Flows from Financing Activities						
Notes payable borrowings		-		17,843,021		17,843,021
Principal payment on long-term debt		(178,939)		(10,233,759)		(10,412,698)
Payments on donor guaranteed borrowings	_	(25,000)		(12,913,532)	_	(12,938,532)
Net cash used in financing activities	_	(203,939)	_	(5,304,270)	_	(5,508,209)
Net Decrease in Cash and Cash Equivalents		(1,640,040)		(5,543,413)		(7,183,453)
Cash and Cash Equivalents - Beginning of year		13,433,053		12,185,093	_	25,618,146
Cash and Cash Equivalents - End of year	\$	11,793,013	\$	6,641,680	<u>\$</u>	18,434,693
Supplemental Disclosure of Cash Flow Information						
Cash paid for interest	\$	256,363	\$	1,499,202	\$	1,755,565
Donated stock in payment of contribution receivable	7	1,874,545	~	-, .55,252	7	1,874,545
Investment loss in joint venture		, , , <u>-</u>		2,050,000		2,050,000
Sale of rights in affiliate in exchange for stock		3,260,960		-		3,260,960

# Consolidating Statement of Cash Flows (Continued) Year Ended April 30, 2010

	Karmanos Cancer Institute		Karmanos Cancer Center			Totals
Cash Flows from Operating Activities						
Increase in net assets	\$	3,339,078	\$	6,420,259	\$	9,759,337
Adjustments to increase in net assets to net cash from						
operating activities						
Depreciation		1,404,648		4,362,173		5,766,821
Impairment of fixed assets		684		1,790,494		1,791,178
Donated stock		(2,018,843)		-		(2,018,843)
Realized gains on investments		(498,957)		-		(498,957)
Unrealized gains on investments		(2,799,547)		-		(2,799,547)
Net gain on disposal of miscellaneous furniture and			4			
equipment		(2,50	K	<del>-</del>		(2,500)
Provision for bad debt	28,24		6,360,376			6,388,623
Change in the present value of contributions receivable	337~67					937,161
Patient service receivables	56)					(3,636,730)
Affiliation receivables	1		(697,967)			417,572
Contributions receivable		481,47		- (5.444.707)		481,470
Other current assets	4	267,704 200		(5,444,737)		(2,477,033)
Donor pledges collateralizing debt		100	<b></b>	- (470 11E)		605,000
Other noncurrent assets	I	90,96	ø	(473,115) 930,241		(446,151) 539,285
Accounts payable and accrued expenses Affiliation payables	7	156,5 )		1,437,111		980,603
Accrued payroll and other current liabilities	1	(30,5		375,971		1,330,127
Other noncurrent liabilities		100,175		385,673		565,848
	_	· · · · · · · · · · · · · · · · · · ·	_		_	
Net cash provided by		5,517,459		12,165,805		17,683,264
Cash Flows from Investing Activitie	•					
Purchase of property and equipment		(2,339,875)		(1,898,338)		(4,238,213)
Proceeds from sale of property and equipment		2,500		-		2,500
Purchase of investments	(2,059,145)			-		(2,059,145)
Proceeds from sale of maturities estments	_	3,792,514		6,250	_	3,798,764
Net cash used in incompactivity		(604,006)		(1,892,088)		(2,496,094)
Cash Flows from Financing Activities						
Principal payment on long-term debt		(208,347)		(3,118,082)		(3,326,429)
Payments on donor guaranteed borrowings		(60,000)		(5,303,762)		(5,363,762)
Net cash used in financing activities		(268,347)		(8,421,844)		(8,690,191)
Net Increase in Cash and Cash Equivalents		4,645,106		1,851,873		6,496,979
Cash and Cash Equivalents - Beginning of year		8,787,947		10,333,220		19,121,167
Cash and Cash Equivalents - End of year	\$	13,433,053	\$	12,185,093	\$	25,618,146
·						
Supplemental Cash Flow Information						
Cash paid for interest	\$	279,569	\$	1,942,545	\$	2,222,114
Purchase of equipment under long-term financing		-		471,771		471,771
Donated stock in payment of contribution receivable		2,018,843		-		2,018,843