

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493073000474

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

Department of the Treasury

benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspec<u>tio</u>n A For the 2012 calendar year, or tax year beginning 05-01-2012 , 2012, and ending 04-30-2013 D Employer identification number **B** Check if applicable BARBARA ANN KARMANOS CANCER HOSPITAL Address change 20-1649466 Doing Business As Name change Initial return umber and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 4100 John R Terminated (800) 527-6266 Amended return City or town, state or country, and ZIP + 4 Detroit, MI 482012013 Application pending **G** Gross receipts \$ 661,560,403 Name and address of principal officer **H(a)** Is this a group return for Gerold Bepler MD ┌ Yes 🗸 No affiliates? 4100 John R Detroit, MI 482012013 **H(b)** Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) **▼** 501(c)(3) Tax-exempt status 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 H(c) Group exemption number ► Website: ► www karmanos org L Year of formation 2004 M State of legal domicile MI Part I Summary Briefly describe the organization's mission or most significant activities The Barbara Ann Karmanos Cancer Hospital is dedicated to the delivery of cancer care services, the treatment and care of cancer patients and the prevention of cancer Activities & Governance 2 Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . 21 13 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 5 1,110 Total number of individuals employed in calendar year 2012 (Part V, line 2a) . Total number of volunteers (estimate if necessary) 6 436 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, line 34 . 0 **Prior Year Current Year** 252.606 Contributions and grants (Part VIII, line 1h) . . 449.163 Program service revenue (Part VIII, line 2g) . . 633,136,522 659,789,642 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 5,880 3,545 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,024,371 1,514,610 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 634,615,936 661,560,403 13 304,701 209,185 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 67,183,430 70,473,100 Expenses 5-10)16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 0 b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 565,565,903 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 587,371,083 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 633,054,034 658,053,368 19 Revenue less expenses Subtract line 18 from line 12 . 1,561,902 3,507,035 Assets or d Balances **Beginning of Current End of Year** 20 Total assets (Part X, line 16) . . 86,490,552 98,170,852 21 Total liabilities (Part X, line 26) 55,335,941 57,459,857 Net assets or fund balances Subtract line 21 from line 20 31,154,611 40,710,995 Signature Block

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

| Sign Here Paid Prepare | • | Signature of officer | | | 2014-03-14 Date | | | |
|---------------------------------|-------|---|----------------------------------|--------------|------------------------|---------------------------------|--|--|
| | | Michael F Grisdela Chief Financial Office Type or print name and title | | | | | | |
| Doid | | Print/Type preparer's name | Preparer's signature | Date | Check If self-employed | PTIN | | |
| | er | Firm's name 🕨 | • | Firm's EIN ► | | | | |
| Use Or | | Firm's address ► | Phone no | | | | | |
| May the I | RS dı | | rer shown above? (see instructio | ns) | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | |

Form 990 (2012)

| art IV | Check | dist of | Required | Schedules |
|--------|-------|---------|----------|-----------|
| | | | | |

| | | | Yes | No |
|-----|---|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? * | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼 | 8 | Yes | |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | 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, line 10? If "Yes," complete Schedule D, Part VI | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | No |
| C | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | Yes | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X^{\bullet} | 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 and XII | 12a | | No |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? 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 United States? <i>If</i> "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 $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions) | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | 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 hospital facilities? If "Yes," complete Schedule H | 20a | Yes | |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | Yes | |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----------------|--------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | No |
| 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 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 | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| C | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | Yes | |
| 29 | Did the organization receive more than $\$25,000$ in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |
| | | F | orm 99 0 | (2012) |

| 311 | Statements Regarding Other TRS Filings and Tax Compliance | | | - |
|-----|---|------------|-----|-----|
| | Check if Schedule O contains a response to any question in this Part V | | Yes | No |
| 1 | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 0 | | | .40 |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | - | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | 1 | | |
| | gaming (gambling) winnings to prize winners? | 1 c | Yes | |
| 3 | 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 | | | |
|) | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | No |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | IN |
| | 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 |
| | 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 | | | |
| | | - | | NI. |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | N o |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | N |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 6a | | No |
| - | organization solicit any contributions that were not tax deductible as charitable contributions? | | | .,, |
|) | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| | Were not tax deductible? | ОВ | | |
| | 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 | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to | | | |
| | file Form 8282? | 7c | | |
| | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit | | | |
| | contract? | 7e | | |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | | |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as | | | |
| | required? | 7g | | |
| | Form 1098-C? | 7h | | |
| | 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 | | |
| | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the organization make any taxable distributions under section 4966? | 9a | | |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| | Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| | Section 501(c)(12) organizations. Enter | | | |
| | Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| | 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 | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | 13a | | |
| | 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 | | | |
| | Enter the amount of reserves on hand |] 1 | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14h | I | Ì |

| 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 year | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | H | | 110 |
| , u | more members of the governing body? | 7a | | Νo |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| 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 | Yes | |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal R | evenu | ıe Cod | e.) |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Νo |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | | Νo |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |
| 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 made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O) | | | |

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

interest policy, and financial statements available to the public during the tax year

►Michael F Grisdella 4100 John R Detroit, MI (313) 576-8664

| Form | 990 | (2012) |
|------|-----|--------|
|------|-----|--------|

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

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

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

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

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

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

| | 1 | T | | | | | | | | |
|---------------------------|---|-----------------------------------|-----------------------|------------------------|--------------|------------------------------|--------|--|--|---|
| (A) Name and Title | (B) A verage hours per week (list any hours for related | more t perso and | han o | one l both ector | box, an o | officer stee) | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the |
| | organizations below dotted line) | Individual trustae or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | | | organization and related organizations |
| See Additional Data Table | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | • | • | • | | | | | | | Form 990 (2012) |

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

| (A) Name and Title | (B) A verage hours per week (list any hours | Average Position (do not check Reportable Reportable compensation compensek (list person is both an officer ny hours and a director/trustee) organization (W- organization) | | | | | | | | (E) Reportable compensation from related organizations (W- | | (F) Estimated amount of other compensation from the organization and | | |
|---|---|---|-----------------------|---------|--------------|------------------------------|----------|--------------|-----------------|--|--------------|--|---------|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | 2/1099-1 | MISC) | 2/1099-MISC) | | rganizat relat organiza | ed | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | L. | | | | | | | |
| 1b Sub-Total | | | | • | | | * | | | | + | | | |
| d Total from continuation sheetd Total (add lines 1b and 1c) . | | | • . | ٠. | ٠. | | ۰ | | 2,912,911 | 1,195,94 | 3 | | 289,890 | |
| 2 Total number of individuals (in \$100,000 of reportable compe | | | | | | d abov | e) w | ho received | more th | an | | | | |
| —————————————————————————————————————— | | | | | | | | | | | | 1 | I | |
| 3 Did the organization list any f e | ormer officer, dii | ector o | r trus | tee. | kev | emplo | vee. | , or highest | compen | sated employee | | Yes | No | |
| on line 1a? If "Yes," complete S | | | | | | • • | • | | | | 3 | | No | |
| 4 For any individual listed on line organization and related organ individual | | | | | | | | | | | 4 | Yes | | |
| 5 Did any person listed on line 1 services rendered to the organ | | | | | | | | | nızatıon • • | or individual for | 5 | 1 100 | No | |
| | | | | | | | | | | | | 1 | | |
| Section B. Independent Co Complete this table for your fix compensation from the organiz | ve highest comp | | | | | | | | | | | tax year | | |
| | (A) Name and business | address | | | | | | | Des | (B) cription of services | | (C Compe | | |
| | | | | | | | | | | | 7 | | | |
| | | | | | | | | | | | \downarrow | | | |
| | | | | | | | | I | | | - 1 | | | |

\$100,000 of compensation from the organization $\blacktriangleright 0$

| Form 99 | | | | | | | | Page S |
|---|---------|---|--|---------------------|-----------------------------|--|---|---|
| Part V | /++1 | Statement of Check of Schedu | of Revenue ule O contains a respor | nse to any question | ın thıs Part VIII . | | | |
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512,513,or 514 |
| တ္က | 1a | Federated cam | paigns 1a | 0 | | | | |
| ant | ь | Membership du | ues 1b | 0 | | | | |
| ي ق | С | Fundraising ev | ents 1c | 0 | | | | |
| f, ff | d | Related organiz | zations 1d | 0 | | | | |
| <u>.</u> | e | Government grant | | 0 | | | | |
| Sin | | | | | | | | |
| uđịc ře | f | similar amounts no | ons, gifts, grants, and 1f ot included above | 252,606 | | | | |
| 音音 | g | Noncash contributi 1a-1f \$ | ions included in lines | 0 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | h | Total. Add line: | s 1 a - 1 f | | 252,606 | | | |
| | | | | Business Code | | | | |
| Program Serwce Revenue | 2a | Outpatient medica | ıl services | 621400 | 461,016,923 | 461,016,923 | 0 | ı |
| 35 35 | ь | Inpatient medical | services | 622000 | 178,719,955 | 178,719,955 | 0 | |
| ъ. П | С | Drug clinical studie | es | 900099 | 9,947,181 | 9,947,181 | 0 | |
| ž | d | Professional medic | cal services | 621400 | 8,007,142 | 8,007,142 | 0 | |
| Ø ⊊ | e | Professional service | ces revenue, related | 900099 | 2,098,441 | 2,098,441 | 0 | |
| _ Era | f | All other progra | am service revenue | | 0 | 0 | 0 | |
| £ | g | Total. Add lines | s 2a-2f | | 659,789,642 | | | |
| | 3 | | come (including dividen | | | | | |
| | | and other simil | aramounts) | • | 3,545 | 3,545 | 0 | |
| | 4 | | stment of tax-exempt bond | proceeds | 0 | 0 | 0 | |
| | 5 | Royalties . | (ı) Real | (II) Personal | J | - | - | |
| | 6a | Gross rents | 13,901 | 0 | | | | |
| | ь | Less rental | 0 | 0 | | | | |
| | c | expenses Rental income | 13,901 | 0 | | | | |
| | d | or (loss) Net rental inco | me or (loss) | | 13,901 | 13,901 | 0 | |
| | | | (ı) Securities | (II) O ther | | | | |
| | 7a | Gross amount from sales of assets other than inventory | | | | | | |
| | b | Less cost or other basis and sales expenses | | | | | | |
| | _ c | Gain or (loss) | 0 | 0 | | | | |
| <u>ə</u> | d 8a | Gross income f events (not inc | | | | | | |
| Other Revenue | | \$of contributions See Part IV , lir | | | | | | |
| Jer | Ь | less directer | a penses b | | | | | |
| ᄛ | c | | (loss) from fundraising | events 🛌 | | | | |
| | 9a | Gross income f | from gaming activities ne 19 | · | | | | |
| | ь | Less direct ex | penses b | | | | | |
| | С | | ا (loss) from gamıng actı | vities | | | | |
| | 10a | Gross sales of returns and allo | | | | | | |
| | b c | | oods sold b (loss) from sales of inve | entory þ- | | | | |
| | | Miscellaneou | | Business Code | | | | |
| | 11a | Investment los | ss - MCC | 900099 | -28,675 | -28,675 | 0 | - |
| | Ь | Valet parking | | 900099 | 79,308 | 79,308 | 0 | |
| | С | Meaningful Use | | 900099 | 1,210,283 | 1,210,283 | 0 | |
| | d | All other reven | ı | | 239,793 | 239,793 | 0 | |
| | e | Total. Add lines | | • | 1,500,709 | | | |
| | 12 | Total revenue. | See Instructions | | 661,560,403 | 661,307,797 | 0 | (|

| | Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all columns All | other erganizati | ions must sompl | lata column (A.) | |
|---------|--|--------------------|------------------------------|---|--------------------------|
| Section | Check if Schedule O contains a response to any question in this Pa | | | ete column (A) | . |
| | ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | 0 | 0 | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | 209,185 | 209,185 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | 0 | 0 | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 409,178 | 409,178 | 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 | 56,752,320 | 54,310,089 | 2,442,231 | 0 |
| 8 | Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions) | 467,610 | 443,292 | 24,318 | 0 |
| 9 | Other employee benefits | 9,093,444 | 8,500,470 | 592,974 | 0 |
| 10 | Payroll taxes | 3,750,548 | 3,568,675 | 181,873 | 0 |
| 11 | Fees for services (non-employees) | | | | _ |
| а | Management | 0 | 0 | 0 | 0 |
| b | Legal | 246,975 | 51,136 | 195,839 | 0 |
| C | Accounting | 352,983 | | 352,983 | 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 (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 89,999,822 | 78,433,911 | 11,565,911 | 0 |
| 12 | Advertising and promotion | 305,399 | 2,850 | 302,549 | 0 |
| 13 | Office expenses | 46,390,290 | 46,317,897 | 72,393 | 0 |
| 14 | Information technology | 7,849,616 | 0 | 7,849,616 | 0 |
| 15 | Royalties | 0 | 0 | 0 | 0 |
| 16 | Occupancy | 5,231,979 | 4,940,517 | 291,462 | 0 |
| 17 | Travel | 125,772 | 121,108 | 4,664 | 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 | 78,174 | 74,240 | 3,934 | 0 |
| 20 | Interest | 1,110,372 | 76,756 | 1,033,616 | 0 |
| 21 | Payments to affiliates | -38,164 | -38,164 | 0 | 0 |
| 22 | Depreciation, depletion, and amortization | 4,630,648 | 4,147,248 | 483,400 | 0 |
| 23 | Insurance | 613,791 | 0 | 613,791 | 0 |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | Bad debt | 4,992,802 | 4,992,802 | 0 | 0 |
| b | Permits, licenses, memberships | 183,349 | 138,488 | 44,861 | 0 |
| c | Education, training, property tax and miscellaneous | 430,931 | 407,912 | 23,019 | 0 |
| d | Contractual allowances | 424,866,344 | 424,866,344 | 0 | 0 |
| e | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 658,053,368 | 631,973,934 | 26,079,434 | 0 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

| | | Check if Schedule O contains a response to any question in thi | s Part | x | | | , |
|--------------|-----|---|-----------------|------------------|---------------------------------|-----|---------------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | | | 6,007,402 | 1 | 10,632,068 |
| | 2 | Savings and temporary cash investments | | | | 2 | 0 |
| | 3 | Pledges and grants receivable, net | | | 3,145,116 | 3 | 2,709,641 |
| | 4 | Accounts receivable, net | | | 22,951,978 | 4 | 19,584,259 |
| | 5 | Loans and other receivables from current and former officers, of employees, and highest compensated employees. Complete P. Schedule L | art II | of | | 5 | 0 |
| Assets | 6 | Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule | contrı mploy | buting employers | | 6 | 0 |
| 82 | 7 | Notes and loans receivable, net | | | | 7 | 0 |
| ď | 8 | Inventories for sale or use | | | 2,319,049 | | 2,497,103 |
| | 9 | | | | 1,179,570 | | 1,169,870 |
| | 10a | Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete | | | 1,179,570 | 9 | 1, 109,870 |
| | | Part VI of Schedule D | 10a | 53,893,120 | 4 | | |
| | b | Less accumulated depreciation | 10b | | 24,672,938 | 10c | 26,759,459 |
| | 11 | Investments—publicly traded securities | | | 11 | 0 | |
| | 12 | Investments—other securities See Part IV, line 11 | • | | 12 | 0 | |
| | 13 | Investments—program-related See Part IV, line 11 | | • | 113,018 | 13 | 226,031 |
| | 14 | Intangible assets | | • | | 14 | 0 |
| | 15 | Other assets See Part IV, line 11 | | | 26,101,481 | 15 | 34,592,421 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) . | | | 86,490,552 | 16 | 98,170,852 |
| | 17 | Accounts payable and accrued expenses | | | 34,170,333 | 17 | 39,520,788 |
| | 18 | Grants payable | | | | 18 | 0 |
| | 19 | Deferred revenue | | | 240,559 | 19 | 236,437 |
| | 20 | Tax-exempt bond liabilities | | | | 20 | 0 |
| co. | 21 | Escrow or custodial account liability Complete Part IV of Sch | | | 0 | 21 | 0 |
| <u>a</u> | 22 | Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali | ors, tr | | | | |
| Liabiliti | | persons Complete Part II of Schedule L | | | 0 | 22 | 0 |
| ≟ | 23 | Secured mortgages and notes payable to unrelated third partie | s . | | 18,984,478 | 23 | 16,918,369 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | 0 |
| | 25 | Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa | ted th | ırd partıes, | | | |
| | | D | | | 1,940,571 | 25 | 784,263 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 55,335,941 | 26 | 57,459,857 |
| ş Ç | | Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34. | √ and | l complete | | | |
| anc | 27 | Unrestricted net assets | | | 30,637,479 | 27 | 40,253,898 |
| 8 | 28 | Temporarily restricted net assets | | | 517,132 | 28 | 457,097 |
| Ë | 29 | Permanently restricted net assets | | | 0 | 29 | 0 |
| Fund Balance | | Organizations that do not follow SFAS 117 (ASC 958), check h | ere ► | ┌─ and | | | |
| <u>~</u> | | complete lines 30 through 34. | | | | | |
| ž | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| Assets | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | 31 | |
| AS | 32 | Retained earnings, endowment, accumulated income, or other | funds | | | 32 | |
| Ř | 33 | Total net assets or fund balances | • | | 31,154,611 | 33 | 40,710,995 |
| ~ | 34 | Total liabilities and net assets/fund balances | | | 86,490,552 | 34 | 98,170,852 |

| Par | t XI | Reconcilliati | ion of Net Assets | | | | | -9 |
|-----|-----------------|--------------------------------------|--|--|----------|----|-------|-----------|
| | | | | any question in this Part XI | | | | ৮ |
| 1 | Total r | evenue (must e | qual Part VIII, column (A), lı | ne 12) | 1 | | 661,5 | 560,403 |
| 2 | Total e | expenses (must | equal Part IX, column (A), lır | ne 25) | 2 | | 658,0 | 53,368 |
| 3 | Reven | ue less expense | s Subtract line 2 from line 1 | | 3 | | 3,5 | 507,035 |
| 4 | Net as | sets or fund bala | ances at beginning of year (m | nust equal Part X, line 33, column (A)) | 4 | | 31,1 | 154,611 |
| 5 | Net un | realized gains (l | osses) on investments . | | 5 | | | 0 |
| 6 | Donate | ed services and | use of facilities | | 6 | | | 0 |
| 7 | Invest | ment expenses | | | 7 | | | 0 |
| 8 | Prior p | erıod adjustmen | nts | | 8 | | | 0 |
| 9 | | _ | | laın ın Schedule O) | 9 | | 6,0 |)49,349 |
| 10 | Net as colum | | ances at end of year Combin | ne lines 3 through 9 (must equal Part X, line 33, | 10 | | 40,7 | 710,995 |
| Par | t XII | Financial St | tatements and Reporti | ing | | | | |
| | | Check If Sched | lule O contains a response to | o any question in this Part XII | | | | . $ abla$ |
| | | | | | | | Yes | No |
| 1 | | organization cha | | Cash Accrual Otherng from a prior year or checked "Other," explain in | | | | |
| 2a | Were t | he organızatıon's | s financial statements compi | lled or reviewed by an independent accountant? | | 2a | | No |
| | | | elow to indicate whether the f solidated basis, or both | financial statements for the year were compiled or revie | wed on | | | |
| | Γse | parate basis | Consolidated basis | Both consolidated and separate basis | | | | |
| b | Were t | he organization's | s financial statements audite | ed by an independent accountant? | | 2b | Yes | |
| | | ,' check a box be consolidated ba | | financial statements for the year were audited on a sepa | rate | | | |
| | Γse | parate basis | ✓ Consolidated basis | Both consolidated and separate basis | | | | |
| C | | | | e a committee that assumes responsibility for oversighents and selection of an independent accountant? | t of the | 2c | Yes | |
| | If the o | | nged either its oversight pro | cess or selection process during the tax year, explain i | n | | | |
| За | | | l award, was the organization OMB Circular A-133? | required to undergo an audit or audits as set forth in th | e | За | | No |
| b | | | | audit or audits? If the organization did not undergo the i cribe any steps taken to undergo such audits | required | 3b | | |

Software ID: 12000197 **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 | | | | | | | | | | |
|---|--|---|---------------------------------|------------------------------------|-----------------------------|------------------------------|--------|---|---|--|
| (A) Name and Title | (B) Average hours per week (list | Positio more unless an dire | than pers office ctor/ | not one on i r an trus | box s bot d a tee) | , th | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and |
| | any hours for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | | | related organizations |
| Charles E Becker Board Member | 1 | х | | | | | | 0 | 0 | 0 |
| Leslie Bowman Board Member | 1 | х | | | | | | 0 | 0 | 0 |
| Armando R Cavazos Board Member | 1 | х | | | | | | 0 | 0 | 0 |
| Ethan Davidson Board Member | 1 | х | | | | | | 0 | 0 | 0 |
| Myron Frasier Board Member | 1 | x | | | | | | 0 | 0 | 0 |
| Shirish Gadgeel Board Member | 1 | × | | | | | | 0 | 0 | 0 |
| Thomas A Goss Vice Chairman | 1 | х | | | | | | 0 | 0 | 0 |
| S Scott Hunter Board Member | 1 | х | | | | | | 0 | 0 | 0 |
| Thomas Kalas Board Member | 1 | х | | | | | | 0 | 0 | 0 |
| Timothy Monahan Chairman | 1 1 | х | | | | | | 0 | 0 | 0 |
| Valerie Parisi MD Board Member | 1 1 | х | | | | | | 0 | 0 | 0 |
| W James Prowse Board Member | 1 1 | х | | | | | | 0 | 0 | 0 |
| Anthony Rusciano Board Member | 1 | х | | | | | | 0 | 0 | 0 |
| Alan S Schwartz Board Member | 1 1 | х | | | | | | 0 | 0 | 0 |
| Nettie Seabrooks Board Member | 1 | х | | | | | | 0 | 0 | 0 |
| Maureen L Stapleton Board Member | 1 | х | | | | | | 0 | 0 | 0 |
| Jane R Thomas PhD Board Member | 1 | х | | | | | | 0 | 0 | 0 |
| Samuel Thomas Board Member | 1 | х | | | | | | 0 | 0 | 0 |
| Manuel Valdıvıeso MD Board Member | 1 | х | | | | | | 0 | 0 | 0 |
| George H Yoo MD Chief Medical Director | 40 | х | | | х | | | 0 | 0 | 0 |
| Gerold Bepler President | 20 20 | х | | х | | | | 0 | 498,449 | 25,641 |
| Sharon L Lukas Chief of Staff / Secretary | 0 40 | | | х | | | | 0 | 115,400 | 8,864 |
| Mıchael Grısdela Treasurer | 20 20 | | | х | | | | 0 | 278,359 | 23,870 |
| Gary Morrison Chief Operating Officer | 40 | | | | х | | | 0 | 303,735 | 18,900 |
| Karen Goldman Senior VP, Cancer Patient Services/CNO | 40 | | | | х | | | 177,418 | 0 | 13,874 |

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

40

40

(B)

(A)

Michael Petrich

Alıt Amıt-Yousıf

Radiologist

Radiologist

| Name and Title | Average | Position (do not check | | | | | | Poportable ! | Estimated amount | | |
|---|--|---|-----------------------|--|--------------|------------------------------|--|--|---|--|--|
| Name and Title | Average hours per week (list | more than one box, unless person is both an officer and a director/trustee) | | | | | | Reportable compensation from the organization (W- 2/1099-MISC) | Reportable compensation from related organizations (W- 2/1099-MISC) | Estimated amount of other compensation from the organization and | |
| | any hours for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | | Key employee | Highest compensated employee | | | | related organizations | |
| Kathleen Carolin Senior VP, Operations | 40 | | | | х | | | 182,407 | 0 | 10,639 | |
| Sharon Helmer MD Breast Imaging | 40 | | | | | х | | 581,320 | 0 | 45,222 | |
| Natasha Robinette Radiologist | 40 | | | | | х | | 519,086 | 0 | 39,103 | |
| Hussein Aoun Radiologist | 40 | | | | | х | | 504,009 | 0 | 30,961 | |

Χ

Х

(C)

(D)

472,175

476,496

(F)

(E)

0

0

30,617

42,199

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493073000474

OMB No 1545-0047

OMB No 1545

Employer identification number

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

BARBARA ANN KARMANOS CANCER HOSPITAL

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

2012

Open to Public Inspection

| | | | | | | | | | 20-16494 | | |
|-------|----------|---------|---------------|--|-----------------------|---------------|-----------------------|----------------------|------------------|--------------|-------------------|
| | rt I | | | blic Charity Sta | | | | | | nstruction | S |
| | rganı: | | • | te foundation becaus | • | | | • | • | | |
| 1 | | A chur | ch, convent | on of churches, or a | ssociation of | f churches c | lescribed in s | ection 170 | (b)(1)(A)(i). | | |
| 2 | Г | A scho | ol described | in section 170(b)(1 | L)(A)(ii). (At | tach Sched | ule E) | | | | |
| 3 | 굣 | A hosp | ital or a coo | perative hospital se | rvice organiz | zatıon descr | ıbed ın sectio | n 170(b)(1 | L)(A)(iii). | | |
| 4 | Γ | A medi | cal researc | h organization opera | ted ın conjun | ction with a | hospital des | cribed in s e | ection 170(b)(| (1)(A)(iii). | Enter the |
| _ | _ | | | ty, and state | | | | | | | |
| 5 | ı | _ | • | erated for the benefi | _ | or universi | ity owned or o | perated by | a governmen | tal unit des | cribed in |
| | _ | | | A)(iv). (Complete P | · · | | | | | | |
| 6 | <u> </u> | | | local government o | _ | | | • • | | | |
| 7 | | | | at normally receives | | | support from | a governm | nental unit or f | rom the ge | neral public |
| 8 | _ | | | on 170(b)(1)(A)(vi). : described in sectio i | | | mplete Part II | r \ | | | |
| 9 | <u>'</u> | | • | at normally receives | . , . , . | , , , , | • | • | ibutions mom | harchin fac | s and gross |
| 9 | ' | _ | | rities related to its e | | | | | · · | • | · - |
| | | • | | oss investment inco | • | = | | - | | | |
| | | • | | ganızatıon after June | | | | • | | cax) nom i | ,4311163363 |
| 10 | \vdash | • | , | ganized and operated | • | | | • | • | | |
| 11 | <u>'</u> | _ | | ganized and operated | • | | • | | . , , , | to carry ou | the nurnoses of |
| | ' | _ | | ly supported organiz | , | | | | • | | |
| | | | | bes the type of supp | | | | | | | |
| | | a | Type I | b | Type II | I - Functior | nally integrate | ed d | Type III - N | on-functior | nally integrated |
| e | Γ | | | ox, I certify that the | | | | | | | |
| | | | | on managers and ot | her than one | or more pul | blicly support | ed organiza | atıons descrıb | ed in secti | on 509(a)(1) or |
| f | | | 1 509(a)(2) | received a written de | etermination | from the IR | S that it is a | Tyne I Ty | ne II or Tyne | III sunnoi | ting organization |
| • | | | this box | received a written a | cccimination | nom the m | Co chac ic is a | турс 1, ту | pc 11, 01 1 ypc | III Suppoi | |
| g | | Since A | ugust 17, 2 | 2006, has the organ | ızatıon accep | oted any gift | t or contributi | on from an | y of the | | · |
| | | | ng persons? | | | | | | | | |
| | | ., . | | rectly or indirectly o | • | | 5 | persons d | escribed in (ii | | Yes No |
| | | • | | governing body of th | • • | • | n / | | | | .g(i) |
| | | | • | er of a person descr | | | | | | | g(ii) |
| | | | | lled entity of a perso | | | | | | 11 | g(iii) |
| h | | Provide | e the followi | ng information about | the supporte | ed organizat | tion(s) | | | | |
| (i | i) Nan | ne of | (ii) EIN | (iii) Type of | (iv) Is | the | (v) Did you | ı notıfy | (vi) Is | the | (vii) A mount of |
| | suppoi | | | organızatıon | organızatı | | the organi | | organizat | | monetary |
| OI | ganiz | ation | | (described on | col (i) lis | | ın col (i) d | | col (i) org | | support |
| | | | | lines 1 - 9 above or IRC section | your gove docume | | suppor | τ΄ | ın the U | 5 / | |
| | | | | (see | docume | 110. | | | | | |
| | | | | instructions)) | Yes | No | Yes | No | Yes | No | |
| | | | | | res | No | res | NO | res | No | |
| | | | | | | | | - | | 1 | |
| Total | | | | | | - | | | + | 1 | + |

| Sch | edule A (Form 990 or 990-EZ) 2012 | | | | | | | Page 2 |
|--------|---|------------------|--------------------|------------------|--------------------|--------------|-----------|----------------|
| Pa | (Complete only if you o | hecked the bo | x on line 5, 7, | or 8 of Part I o | r if the organiza | ation faile | ed to q | |
| | Part III. If the organiza ection A. Public Support | tion fails to qu | alify under the | tests listed bel | ow, please com | iplete Pa | rt III.) | |
| | endar year (or fiscal year beginning | | | | | 1 | | |
| | in) ► | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2 | 312 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received (Do not include any "unusual | | | | | | | |
| | grants ") | | | | | | | |
| 2 | Tax revenues levied for the | | | | | | | |
| | organization's benefit and either | | | | | | | |
| | paid to or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities | | | | | | | |
| • | furnished by a governmental unit to | | | | | | | |
| | the organization without charge | | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | | |
| 5 | The portion of total contributions by each person (other than a | | | | | | | |
| | governmental unit or publicly | | | | | | | |
| | supported organization) included on | | | | | | | |
| | line 1 that exceeds 2% of the | | | | | | | |
| | amount shown on line 11, column | | | | | | | |
| 6 | (f) Public support. Subtract line 5 from | | | | | | | |
| | line 4 | | | | | | | |
| S | ection B. Total Support | | | | | | | |
| Cal | endar year (or fiscal year beginning | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 20 |)12 | (f) Total |
| _ | in) ► A mounts from line 4 | | . , | | . , | , , | | . , |
| 7 8 | Gross income from interest, | | | | | | | |
| 0 | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties | | | | | | | |
| | and income from similar | | | | | | | |
| 9 | sources Net income from unrelated | | | | | | | |
| 9 | 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 | | | | | | | |
| 4.0 | 10) | | <u> </u> | | | | | |
| 12 | Gross receipts from related activitie | | | | | 12 | | |
| 13 | First five years. If the Form 990 is this box and stop here | | | | | | | ization, check |
| | ection C. Computation of Pub | | | | <u> </u> | <u> </u> | | |
| 14 | Public support percentage for 2012 | | | 11, column (f)) | | 14 | | |
| 15 | Public support percentage for 2011 | | | , , , , , , , | | 15 | | |
| | 33 1/3% support test—2012. If the o | · · | • | on line 13 and l | ine 14 is 33 1/20% | | chack ti | nie hov |
| 104 | and stop here. The organization qua | | | | me 1 1 13 33 1/3/0 | or more, | JIICCK CI | ► □ |
| b | 33 1/3% support test—2011. If the | | | | and line 15 is 33 | 3 1/3% or n | nore, ch | eck this |
| | box and stop here. The organization | | | | | | . 4 4 | ▶□ |
| 1/a | 10%-facts-and-circumstances test- is 10% or more, and if the organizat | | | | | | | • |
| | in Part IV how the organization mee | | | | | | | |
| | organization | | | | 4 | r | , | ▶ □ |
| b | 10%-facts-and-circumstances test- | | | | | | | |
| | 15 is 10% or more, and if the organ Explain in Part IV how the organizat | | | | | | | lv |
| | supported organization | ion meets the T | acts-ana-cncum: | stances test III | ic organization qu | uiiiiE5 45 i | a public | ·y ▶□ |
| 18 | Private foundation. If the organizat | on did not check | c a box on line 13 | , 16a, 16b, 17a, | or 17b, check thi | s box and | see | · |
| | instructions | | | | | | | ▶ ┌ |

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 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 | | | | | | |
|------------|--|---------------------|--------------------|----------------------|-------------------|-----------------|-------------------------|
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or | | | | | | |
| | business under section 513 | | | - | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either | | | | | | |
| | paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| 3 | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, | | | | | | |
| <i>7</i> a | and 3 received from disqualified | | | | | | |
| | persons | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| _ | received from other than | | | | | | |
| | disqualified persons that exceed | | | | | | |
| | the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c | | | | | | |
| | from line 6) | | | | | | |
| _Se | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| | in) ► | (u) 2000 | (6) 2003 | (6) 2010 | (4) 2011 | (6) 2012 | (1) 10tai |
| 9 | A mounts from line 6 | | | | | | |
| 10a | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar | | | | | | |
| | sources | | | | | | |
| Ь | Unrelated business taxable income (less section 511 taxes) | | | | | | |
| | from businesses acquired after | | | | | | |
| | June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated | | | | | | |
| 11 | business activities not included | | | | | | |
| | in line 10b, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 12 | Other income Do not include | | | | | | |
| | gain or loss from the sale of | | | | | | |
| | capital assets (Explain in Part | | | | | | |
| | IV) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, | | | | | | |
| | 11, and 12) | | | Liberal Counties and | 6.01 | E04(-)(2) | |
| 14 | First five years. If the Form 990 is for | or the organization | on's first, second | i, thira, fourth, or | ππη tax year as a | 1 501(c)(3) org | anization, ► |
| | check this box and stop here | a Cunnaut Da | | | | | |
| | ction C. Computation of Public | | | 1.2 | | T I | |
| 15 | Public support percentage for 2012 | | | 13, column (T)) | | 15 | |
| 16 | Public support percentage from 2011 | L Schedule A, Pa | art III, line 15 | | | 16 | |
| Se | ction D. Computation of Inve | stment Inco | me Percenta | ge | | | |
| 17 | Investment income percentage for 20 | | | | nn (f)) | 17 | |
| | | | | | . , , | | |
| 18 | Investment income percentage from | | | | | 18 | |
| 19a | 33 1/3% support tests—2012. If the o | | | | | | ıd lıne 17 ıs not ▶□ |

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493073000474

OMB No 1545-0047

Open to Public

Supplemental Financial Statements

Department of the Treasury Internal Revenue Service

SCHEDULE D (Form 990)

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

| | me of the organization BARA ANN KARMANOS CANCER HOSPITAL | | Emp | oloyer identificati | on numbe | r |
|--------|--|--|-----------|---------------------|-----------|-----------|
| Do | rt I Organizations Maintaining Donor Adv | uisad Funda av Othav Similav F | | 1649466 | Complet | o if the |
| Рa | rt I Organizations Maintaining Donor Adv organization answered "Yes" to Form 990 | | unas | or Accounts. | Complet | e ir trie |
| | | (a) Donor advised funds | | (b) Funds and ot | heraccou | nts |
| 1 | Total number at end of year | | | | | |
| 2 | Aggregate contributions to (during year) | | | | | |
| 3 | Aggregate grants from (during year) | | | | | |
| 4 | Aggregate value at end of year | | | | | |
| 5 | Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or | | nor adv | ısed | ┌ Yes | ┌ No |
| 6 | Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the beneficonferring impermissible private benefit? | | | | ┌ Yes | □ No |
| Pal | rt II Conservation Easements. Complete if | the organization answered "Ves" | to Forr | n 990 Part IV | <u>'</u> | , |
| 1 2 | Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a easement on the last day of the tax year | or education) Preservation of a | certifie | d historic structu | re | |
| | casement on the last day of the tax year | | | Held at the E | nd of the | Year |
| а | Total number of conservation easements | | 2a | | | |
| b | Total acreage restricted by conservation easements | | 2b | | | |
| С | Number of conservation easements on a certified histo | oric structure included in (a) | 2c | | | |
| d | Number of conservation easements included in (c) accomistoric structure listed in the National Register | quired after 8/17/06, and not on a | 2d | | | |
| 3 | Number of conservation easements modified, transferrenthe tax year ▶ | red, released, extinguished, or terminat | ed by th | ne organization di | ırıng | |
| 4 | Number of states where property subject to conservat | ion easement is located ► | | | | |
| 5 | Does the organization have a written policy regarding tenforcement of the conservation easements it holds? | the periodic monitoring, inspection, han | ıdlıng ot | f violations, and | ┌ Yes | ┌ No |
| 5 | Staff and volunteer hours devoted to monitoring, inspe | cting, and enforcing conservation ease | ments (| during the year | | |
| 7 | Amount of expenses incurred in monitoring, inspecting | g, and enforcing conservation easement | s durın | g the year | | |
| - | ▶ \$ | | | | | |
| В | Does each conservation easement reported on line 2 (and section 170(h)(4)(B)(II)? | d) above satisfy the requirements of se | ction 1 | 70(h)(4)(B)(ı) | ┌ Yes | ┌ No |
| 9 | In Part XIII, describe how the organization reports colbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme | e footnote to the organization's financia | | | | |
| ar | Organizations Maintaining Collection Complete if the organization answered "Y | s of Art, Historical Treasures, | or Ot | her Similar A | ssets. | |
| 1a | If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to | .16 (ASC 958), not to report in its reve ets held for public exhibition, education, | orrese | earch in furtheran | | |
| b | If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes | ets held for public exhibition, education, | | | | ıc |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | | ► \$ | | 0 |
| | (ii) Assets included in Form 990, Part X | | | - \$ | | 50,000 |
| 2 | If the organization received or held works of art, histor following amounts required to be reported under SFAS | | | | | |

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

| Part | Organizations Maintaining Co | llections of Art | t, His | COLL | cai i | reası | iies, oi c | tne | r Similar | ASSE | ts (co | ntınued) |
|----------------------------|--|--|---------------|--------------------|--|------------------------|--|--------------------------------|-------------------------|-------------------------------------|----------|-------------------------------------|
| 3 | Using the organization's acquisition, access collection items (check all that apply) | ion, and other recoi | rds, cl | hecka | any of | the foll | lowing that | are a | sıgnıfıcant | use of | ıts | |
| а | Public exhibition | | d | Γ | Loan | orexc | hange prog | rams | | | | |
| b | Scholarly research | | e | Γ | Othe | r | | | | | | |
| c | Preservation for future generations | | | | | | | | | | | |
| 4 | Provide a description of the organization's co Part XIII | ollections and expla | aın hov | w the | / furth | er the | organızatıoı | ı's ex | cempt purpo | ose in | | |
| 5 | During the year, did the organization solicit | | | | | | | | nılar | _ | | _ |
| 200 | assets to be sold to raise funds rather than t | | | | | | | | '!! t- F | | Yes | ✓ No |
| Раг | Escrow and Custodial Arrang Part IV, line 9, or reported an ar | | | | | | n answere | u r | es to For | 111 990 | , | |
| 1a | Is the organization an agent, trustee, custod included on Form 990, Part X? | | | | | | or other ass | ets | not | Г | Yes | ┌ No |
| b | If "Yes," explain the arrangement in Part XI | II and complete the | e follov | wıng t | able | | - | | | | | |
| | | | | | | | | | | Amou | ınt | |
| С | Beginning balance | | | | | | | 1c | | | | |
| d | Additions during the year | | | | | | | 1d | | | | |
| е | Distributions during the year | | | | | | Ļ | 1e | | | | |
| f | Ending balance | | | | | | L | 1f | | | | |
| 2a | Did the organization include an amount on Fe | orm 990, Part X, lın | ne 21? | • | | | | | | Γ | Yes | ┌ No |
| b | If "Yes," explain the arrangement in Part XII | I Check here if the | e expla | anatio | n has | been p | rovided in f | art : | XIII | | | Γ |
| Pa | rt V Endowment Funds. Complete | | | | | | | | | | | |
| | | (a)Current year | (b |)Prior y | /ear | b (c) ⊺ | wo years bac | (d) | Three years b | ack (e |)Four ye | ears back |
| 1a | Beginning of year balance | | | | | | | + | | | | |
| b | Contributions | | | | | | | + | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | | |
| e | Other expenditures for facilities and programs | | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | | |
| 2 | Provide the estimated percentage of the cur | rent year end balan | ice (lır | ne 1g, | colun | nn (a)) | held as | | | | | |
| а | Board designated or quasi-endowment ► | | | | | | | | | | | |
| b | Permanent endowment ► | | | | | | | | | | | |
| С | Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho | uld equal 100% | | | | | | | | | | |
| За | Are there endowment funds not in the posse | ssion of the organiz | zatıon | that a | re hel | danda | admınıstere | d for | the | | | |
| | organization by | | | | | | | | ı | | Yes | No |
| | 475 | | | | | | | | | 32/i) | i | I |
| | (i) unrelated organizations | | | | | • | | • | • • • | 3a(i) | | |
| h | (ii) related organizations | | | | | | | | | 3a(ii) | | |
| ь 4 | (ii) related organizations | ns listed as require | ed on S | Sched | ule R? | • • • | | • | | | | |
| 4 | (ii) related organizations | | ed on S | Sched nent fu | ule R? ınds | | | | | 3a(ii) | | |
| 4 | (ii) related organizations | | ed on S | Schednent function | ule R? ınds | 10. | (b)Cost or o | | (c) Accumu depreciat | 3a(ii) 3b | (d) Boo | ok value |
| 4 Par | (ii) related organizations | | ed on S | Schednent function | ule R? inds , line Cost oi | 10. | (b) Cost or o | | | 3a(ii) 3b | | ok value |
| Par | (ii) related organizations | | ed on S | Schednent function | ule R? inds , line Cost oi | 10. other tment) | (b) Cost or o | er) 1,809 | depreciat | 3a(ii) 3b | | |
| Par | (ii) related organizations | | ed on S | Schednent function | ule R? inds , line Cost oi | 10. r other tment) | (b)Cost or o basis (other | er) 1,809 2,821 | depreciat | 3b lated ion | 1 | 1,544,809 |
| 1a l | (ii) related organizations | | ed on S | Schednent function | ule R? inds , line Cost oi | 10. r other tment) 0 | (b)Cost or obasis (other 1,544 20,482 | er) 1,809 2,821 3,217 | 10,27 2,73 | 3a(ii) 3b lated ion 78,766 | 1 | 1,544,809 0,204,055 |
| 1a b 6 c l d f | (ii) related organizations | ns listed as require ne organization's er ent. See Form 99 | ed on Sindowm | Schednent function | ule R? inds , line Cost oi | 10. r other tment) 0 0 | (b)Cost or obasis (other 1,544 20,482 7,353 18,829 | er) 1,809 2,821 3,217 | 10,27 2,73 | 3a(ii) 3b lated loon 78,766 85,508 | 1 | 1,544,809 0,204,055 4,617,709 |

| Part VIII Investments—Other Securities. S | <u> 3ee Form 990, Part X, line 12</u> | 2. | |
|--|---------------------------------------|----------------------------|------------------------|
| (a) Description of security or category | (b)Book value | | od of valuation |
| (including name of security) | | Cost or end-o | of-year market value |
| (1)Financial derivatives | | | |
| (2)Closely-held equity interests | | | |
| Other | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) |) - | | |
| | | 12 | |
| Part VIII Investments—Program Related. | | | |
| (a) Description of investment type | (b) Book value | | od of valuation |
| | | Cost or end-c | of-year market value |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| T-1-1 (C-1) (1) | - | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | | | |
| Part IX Other Assets. See Form 990, Part X | | | |
| (a) De | scription | | (b) Book value |
| (1) Intercompany receivables | | | 33,843,851 |
| (2) Lease deposits | | | 548,570 |
| (3) Investment in joint venture | | | 50,000 |
| | | | |
| (4) Bed licenses | | | 150,000 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) lir | 20.15 | | 24 502 421 |
| | | <u> </u> | 34,592,421 |
| Part X Other Liabilities. See Form 990, Pa | T' | | |
| 1 (a) Description of liability | (b) Book value | | |
| Federal income taxes | 0 | | |
| Retirement 457b | 784,263 | | |
| Retirement 437 b | 784,203 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | _ | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | 704.000 | | |
| | | | |
| 2. Fin 48 (ASC 740) Footnote In Part XIII, provide the | e text of the footnote to the orgar | nization's financial state | ments that reports the |

| Par | t XI Reconciliation of Revenue per Audited Financial Statements With Revenue p | er R | eturn |
|-----|--|------------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 231,739,799 |
| 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 2b 0 | | |
| c | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII)............. 2d 0 | | |
| e | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 231,739,799 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0 | | |
| b | Other (Describe in Part XIII) | | |
| C | Add lines 4a and 4b | 4 c | 429,820,604 |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | 661,560,403 |
| Par | XII Reconciliation of Expenses per Audited Financial Statements With Expenses | per | Return |
| 1 | Total expenses and losses per audited financial statements | 1 | 228,194,226 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| C | Other losses | | |
| d | Other (Describe in Part XIII).................0 | | |
| e | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 228,194,226 |
| 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 | | |
| b | Other (Describe in Part XIII) | | |
| c | Add lines 4a and 4b | 4c | 429,859,142 |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5 | 658,053,368 |

Part XIII Supplemental Information

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

| Identifier | Return Reference | Explanation |
|-------------------|------------------------------|--|
| SchD_P03_S00_L04 | Schedule D, Part III, Line 4 | Artwork is displayed for patient enjoyment and relaxation |
| SchD_P11_S00_L04b | , , | Contractual allowances and bad debt expense deducted from revenue on audited financial statements (\$424,866,344 and \$4,992,802, respectively) Other changes in unrestricted and temporarily restricted net assets \$38,542 |
| SchD_P12_S00_L04b | , , | Contractual allowances and bad debt expense deducted from revenue on audited financial statements (\$424,866,344 and \$4,992,802, respectively) Rounding of -\$4 |

OMB No 1545-0047

Open to Public Inspection

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

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

Hospitals

Name of the organization BARBARA ANN KARMANOS CANCER HOSPITAL

Employer identification number

20-1649466

| Pa | Part I Financial Assistance and Certain Other Community Benefits at Cost | | | | | | | | | | | | |
|--------|--|--|-------------------------------------|--|-------------------------------|---|-----------------|-----------------------------|--------------|--|--|--|--|
| | | | | | | | | Yes | No | | | | |
| 1a | Did the organization have | a financial as | ssistance po | licy during the tax year? | P If "No," skip to questi | on 6a | 1a | Yes | | | | | |
| b | If "Yes," was it a written p | policy? | | | | | 1b | Yes | | | | | |
| 2 | If the organization had mu financial assistance polic | | | | | pplication of the | | | | | | | |
| | Applied uniformly to a Generally tailored to i | | | * * | mly to most hospital fac | cilities | | | | | | | |
| 3 | Answer the following base organization's patients du | | | nce eligibility criteria th | at applied to the larges | t number of the | | | | | | | |
| а | Did the organization use f If "Yes," indicate which o | | | | | providing <i>free</i> care? | 3a | Yes | | | | | |
| | ┌ 100% ┌ 150% ┌ | 200% ┌ 0 | ther | | % | | | | | | | | |
| b | Did the organization use is which of the following was | | | | = | · · | 3b | Yes | | | | | |
| | ▼ 200% Г 250% Г | 300% | 50% ┌ 40 | 0% | | 0/0 | | | | | | | |
| c | If the organization used facilitaria for determining elused an asset test or othe discounted care | igibility for fre | ee or discoun | ted care Include in the | description whether the | e organization | | | | | | | |
| 4 | Did the organization's fina | | | | | | | | | | | | |
| 5a | provide for free or discour Did the organization budg | et amounts fo | or free or disc | | | | 4 | Yes | | | | | |
| | the tax year? | | | | | | | | | | | | |
| | b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted | | | | | | | | | | | | |
| C | care to a patient who was | _ | | | | | 5c | | No | | | | |
| 6a | Did the organization prep | are a commur | nity benefit re | eport during the tax yea | r? | | 6a | Yes | | | | | |
| b | If "Yes," did the organiza | tion make it a | vailable to th | ne public? | | | 6b | Yes | | | | | |
| | Complete the following ta worksheets with the Sche | _ | worksheets | provided in the Schedule | e H instructions Do not | submit these | | | | | | | |
| 7 | | | | munity Benefits at Co | ost | | | | | | | | |
| | ancial Assistance and Means-Tested overnment Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community ben expense | | f) Perce otal exp | | | | | |
| a | Financial Assistance at cost (from Worksheet 1) | · | | 460,939 | 0 | 460, | 939 | n | 07 % | | | | |
| b | Medicaid (from Worksheet 3, column a) | | | 56,635,304 | 39,649,737 | 16,985, | | | 69 % | | | | |
| С | Costs of other means-tested government programs (from Worksheet 3, column b) | | | 0 | | | | | | | | | |
| d | Total Financial Assistance and Means-Tested Government Programs | 0 | 0 | 57,096,243 | 39,649,737 | 17,446, | 506 | 2 | 76 % | | | | |
| | Other Benefits | | | , , | , , , | , , | $\neg \uparrow$ | | | | | | |
| е | Community health improvement services and community benefit operations (from Worksheet 4) | | | | | | | | | | | | |
| f | Health professions education (from Worksheet 5) | | | 5,036,444 | 2,679,851 | 2,356, | 593 | 0 | 37 % | | | | |
| g | Subsidized health services (from Worksheet 6) | | | | | | | | | | | | |
| h I | Research (from Worksheet 7) Cash and in-kind | | | | | | - | | | | | | |
| | contributions for community benefit (from Worksheet 8) | | | | | | | | | | | | |
| J k | Total. Other Benefits Total. Add lines 7d and 7j . | 0 | 0 | 5,036,444 62,132,687 | 2,679,851 42,329,588 | 2,356, 19,803, | _ | | 37 % 13 % | | | | |
| | io cani muu mico /u anu /j i | U | | 02,132,007 | 72,327,300 | 19,003, | J J J | J | 10 /0 | | | | |

| Pa | rt II Community Building activities during the of the communities in | tax year, an | | | | | | | | | |
|------------|--|--|---|--------------------------------------|--------------------------------------|--------------------|-----------|---|--------|----------------------------------|-------|
| | | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | | rect off revenu | | (e) Net communit building expense | | (f) Perc total ex | |
| 1 | Physical improvements and housing | | | | | | | | | | |
| 2 | Economic development | | | | | | | | | | |
| 3 | Community support | | | | | | | | | | |
| | | | | | | | | | | | |
| 5 | Environmental improvements | | | | | | | | | | |
| | Leadership development and training for community members | | | | | | | | | | |
| 6 | Coalition building | | | | | | | | | | |
| 7 | Community health improvement advocacy | | | | | | | | | | |
| 8 | Workforce development | | | | | | | | | | |
| 9 | Other | | | | | | | | | | |
| 0 | Total | <u> </u> | <u> </u> | | | | | | | | |
| | t IIII Bad Debt, Medicar ion A. Bad Debt Expense | e, & Collec | tion Practic | es | | | | | | V | NI- |
| eci 1 | Did the organization report bac | d debt evnens | a in accordance | with Heathcare F | inancial M | 20200 | ment A | ssociation | | Yes | No |
| 1 | —————————————————————————————————————— | u debt expens | | · · · · | | anage | | | 1 | Yes | |
| 2 | Enter the amount of the organi | | | | ne | | | | | | |
| | methodology used by the orga | | | | | 2 | | 1,742,555 | | | |
| 3 | Enter the estimated amount of patients eligible under the org | • | | • | | | | | | | |
| | the methodology used by the | | | | | | | | | | |
| | any, for including this portion of | of bad debt as | community ber | nefit | | 3 | | 460,939 | | | |
| 4 | Provide in Part VI the text of t | | _ | | | | rıbes b | ad debt expense | | | |
| ' b | or the page number on which t ion B. Medicare | nis footnote is | contained in tr | ne attached financi | ai stateme | ents | | | | | |
| | | | / l d B.C.U. | | | ı _ | ı | 40.033.056 | | | |
| 5 | Enter total revenue received fi | | - | • | | 5 | | 49,832,956 | | | |
| 6 | Enter Medicare allowable cost | | | | | 6 7 | | 66,719,720 | | | |
| 7 8 | Subtract line 6 from line 5 Th Describe in Part VI the extent Also describe in Part VI the c Check the box that describes | to which any sosting method | shortfall report ology or source | ed in line 7 should | be treated | l as c | | | | | |
| | Cost accounting system | r c∘ | st to charge ra | tio Г | O ther | | | | | | |
| ect | ion C. Collection Practices | | | | | | | | | | |
| 9a | Did the organization have a wr | itten debt coll | ection policy di | uring the tax year? | | | | | 9a | Yes | |
| b | If "Yes," did the organization's contain provisions on the colleassistance? Describe in Part V | ection practice | s to be followe | d for patients who | are known | to qu | alify for | financial | 9b | Yes | |
| Pai | rt IV Management Comp | | | | | | | | ans—se | e instruct | ions) |
| | (a) Name of entity | (t | Description of pi activity of entit | | (c) Organiz profit % o ownersh | r stock | | d) Officers, directors, trustees, or key employees' profit % r stock ownership % | pro | e) Physic fit % or wnershi | stock |
| L | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | + | | | | |
| 1 | | | | | | | + | | - | | |
| 5 | | | | | | | + | | | | |
| 5 | | | | | | | + | | - | | |
| , | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| • | | | | | | | | | | | |
| LO | | | | | | | | | | | |
| 11 | | | | | | | | | | | |
| L 2 | | | | | | | | | | | |
| 1 2 | | | | | | | | | \top | | |

| Part V | Part V Facility Information | | | | | | | | | | |
|--|---|--------------|------------------------|---------------|--------------|--------------------|-------------------|-------------|----------|------------------|--------------------------|
| Section | n A. Hospital Facilities | Licensed | General | Children's | Teaching | Critical | Resea | ER-2, | ER-other | | |
| smallest How ma organiza 1 | order of size from largest to t—see instructions) in hospital facilities did the ation operate during the tax year? | sed hospital | ral medical & surgical | en's hospital | ung hospital | al access hospital | Research facility | ER-24 hours | ther | Other (Describe) | Facility reporting group |
| 1 | Barbara Ann Karmanos Cancer Hospital 4100 John R Detroit, MI 48201 | Х | | | х | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| - | | | | | | | | | | | _ |

Schedule H (Form 990) 2012

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

| Rarhara | Δnn | Karmanos | Cancer | Hospital |
|---------|--------|-------------|---------|----------|
| Daivaia | A IIII | Natilialius | Calicei | HUSUILAI |

Name of hospital facility or facility reporting group

| -or | single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A) | _ | Yes | No |
|-----|--|----|----------|----------|
| 'On | nmunity Health Needs Assessment (Lines 1 through 8c are optional for tax years begining on or before March 23, 2012) | | 1.03 | 110 |
| 1 | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community | 1 | | |
| | health needs assessment (CHNA)? If "No," skip to line 9 | 1 | Yes | |
| | If "Yes," indicate what the CHNA report describes (check all that apply) | | | |
| | A definition of the community served by the hospital facility | | | |
| b | Demographics of the community | | | |
| | Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | | |
| d | How data was obtained | | | |
| е | The health needs of the community | | | |
| f | Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | | |
| g | The process for identifying and prioritizing community health needs and services to meet the community health needs | | | |
| h | The process for consulting with persons representing the community's interests | | | |
| i | Information gaps that limit the hospital facility's ability to assess the community's health needs | | | |
| i | Other (describe in Part VI) | | | |
| 2 | Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u> | | | |
| | In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the | | V | |
| 4 | persons the hospital facility consulted | 3 | Yes | ├ |
| + | facilities in Part VI | 4 | | Νo |
| 5 | Did the hospital facility make its CHNA report widely available to the public? | 5 | Yes | _ |
| | If "Yes," indicate how the CHNA report was made widely available (check all that apply) | | | |
| а | Hospital facility's website | | | |
| b | A vailable upon request from the hospital facility | | | |
| | Other (describe in Part VI) | | | |
| | If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply | | | |
| - | to date) | | | |
| | Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA | | | |
| b | Execution of the implementation strategy | | | |
| C | Participation in the development of a community-wide plan | | | |
| d | Participation in the execution of a community-wide plan | | | |
| е | Inclusion of a community benefit section in operational plans | | | |
| f | Adoption of a budget for provision of services that address the needs identified in the CHNA | | | |
| g | Prioritization of health needs in its community | | | |
| h | Prioritization of services that the hospital facility will undertake to meet health needs in its community | | | |
| | Other (describe in Part VI) | | | |
| 7 | | 7 | | No |
| 8a | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as | | | |
| | required by section 501(r)(3)? | 8a | <u> </u> | Νo |
| | If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? | 8b | <u> </u> | <u> </u> |
| C | If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ | | | |

| Pa | art V Facility Information (continued) | | | |
|----------|---|----|-----------------|----|
| | ancial Assistance Policy | | Yes | No |
| 9 | Did the hospital facility have in place during the tax year a written financial assistance policy that | | | |
| | Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? | 9 | Yes | |
| 10 | Used federal poverty guidelines (FPG) to determine eligibility for providing free care? | 10 | Yes | |
| | If "Yes," indicate the FPG family income limit for eligibility for free care 200% | | | |
| 11 | If "No," explain in Part VI the criteria the hospital facility used | | \ , | |
| -11 | Used FPG to determine eligibility for providing <i>discounted</i> care? | 11 | Yes | |
| | If "No," explain in Part VI the criteria the hospital facility used | | | |
| 12 | Explained the basis for calculating amounts charged to patients? | 12 | Yes | |
| | If "Yes," indicate the factors used in determining such amounts (check all that apply) | | | |
| а | ▼ Income level | | | |
| Ь | ▼ Asset level | | | |
| c | Medical indigency | | | |
| d | ▼ Insurance status | | | |
| е | Uninsured discount | | | |
| f | Medicaid/Medicare | | | |
| g | State regulation | | | |
| h | Other (describe in Part VI) | | | |
| 13 | Explained the method for applying for financial assistance? | 13 | Yes | |
| 14 | Included measures to publicize the policy within the community served by the hospital facility? | 14 | Yes | |
| | If "Yes," indicate how the hospital facility publicized the policy (check all that apply) | | | |
| а | The policy was posted on the hospital facility's website | | | |
| b | The policy was attached to billing invoices | | | |
| C | | | | |
| d | The policy was posted in the hospital facility's admissions offices | | | |
| е | The policy was provided, in writing, to patients on admission to the hospital facility | | | |
| f | The policy was available upon request | | | |
| <u>g</u> | | | | |
| | ling and Collections | | 1 | |
| 15 | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? | 15 | Yes | |
| 16 | Check all of the following actions against an individual that were permitted under the hospital facility's policies during | | | |
| | the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP | | | |
| а | Reporting to credit agency | | | |
| b | Lawsuits | | | |
| С | Liens on residences | | | |
| d | Body attachments | | | |
| e | Other similar actions (describe in Part VI) | | | |
| 17 | Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? | 17 | Yes | |
| | If "Yes," check all actions in which the hospital facility or a third party engaged | | | |
| а | Reporting to credit agency | | | |
| b | <u>-</u> | | | |
| C | Liens on residences | | | |
| d | Body attachments | | | |
| | C Other similar actions (describe in Part VI) | ı | ı | i |

| chedule H | (Form 990) | 2012 |
|-----------|------------|------|
| | | |

Page

| a | P | art V Facility Information (continued) | | | |
|--|----|---|----|-----|----|
| b Notified individuals of the financial assistance policy prior to discharge c V Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills d V Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e Other (describe in Part VI) Policy Relating to Emergency Medical Care Yes 19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why a The hospital facility did not provide care for any emergency medical conditions to individuals regardless of their eligibility under the hospital facility did not provide care for any emergency medical conditions (describe in Part VI) Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals) 10 The hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care a The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d V Other (describe in Part VI) 10 The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d V Other (describe in Part VI) 10 The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged c The hospital facility used the Medicare rates when calculating the maximum amounts th | 18 | Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply) | | | |
| c | а | Notified individuals of the financial assistance policy on admission | | | |
| d | b | Notified individuals of the financial assistance policy prior to discharge | | | |
| financial assistance policy Other (describe in Part VI) | C | Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills | | | |
| Policy Relating to Emergency Medical Care 19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? | d | | | | |
| 19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? | е | Other (describe in Part VI) | | | |
| 19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? | Po | licy Relating to Emergency Medical Care | | | |
| the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? | | | | Yes | No |
| The hospital facility did not provide care for any emergency medical conditions b | 19 | the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? | 19 | | No |
| The hospital facility imited who was eligible to receive care for emergency medical conditions (describe in Part VI) Other (describe in Part VI) Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals) Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged The hospital facility used the Medicare rates when calculating the maximum amounts that c | | | | | |
| The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI) Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals) Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged The hospital facility used the Average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged The hospital facility used the Average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged The hospital facility used the Average of its three lowest negotiat | а | The hospital facility did not provide care for any emergency medical conditions | | | |
| Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals) 20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care a | b | The hospital facility's policy was not in writing | | | |
| Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals) 20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care a | C | The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI) | | | |
| 20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care a | d | Other (describe in Part VI) | | | |
| eligible individuals for emergency or other medically necessary care a The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d Other (describe in Part VI) 21 During the tax year, did the hospital facility charge any FAP-eligible individuals to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? | Ch | arges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals) | | | |
| to The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d ✓ Other (describe in Part VI) 21 During the tax year, did the hospital facility charge any FAP-eligible individuals to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? | | eligible individuals for emergency or other medically necessary care | | | |
| maximum amounts that can be charged c | а | | | | |
| d ✓ Other (describe in Part VI) 21 During the tax year, did the hospital facility charge any FAP-eligible individuals to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? | b | | | | |
| During the tax year, did the hospital facility charge any FAP-eligible individuals to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? | C | The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged | | | |
| emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? | d | Other (describe in Part VI) | | | |
| During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual? | 21 | emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance | 21 | | No |
| service provided to that individual? | | If "Yes," explain in Part VI | | | |
| | 22 | | | | Νc |

| schedule I | H (Form | 990 | 2012 |
|------------|---------|-----|------|
| | | | |

8 9 10

| Ρ | а | a | e |
|---|---|---|---|
| | | | |

| Part V | Facility | Information | (continued |
|--------|----------|-------------|------------|
| | | | |

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

| Hov | How many non-hospital health care facilities did the organization operate during the tax year? | | | | | |
|----------|--|--|--|--|--|--|
| | me and address | Type of Facility (describe) | | | | |
| <u>1</u> | Monroe Cancer Center 800 Stewart Rd | Outpatient radiation oncology services | | | | |
| 2 | Monroe, MI 48162 | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 7 | | | | | | |

Schedule H (Form 990) 2012

Part VI Supplemental Information

Complete this part to provide the following information

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part III, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- 3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- **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
- **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1₁, 3, 4, 5c, 6₁, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

| Identifier | ReturnReference | Explanation |
|--------------------|----------------------------|---|
| SchH_P01_S00_L07 | Schedule H, Part I, Line 7 | Cost of charge ratio |
| SchH_P01_S00_L072f | | Bad debt expense of \$4,992,802 was included in Form 990, Part IX, line 25 but subtracted when calculating Sch H, Part I, line 7, col F |

| Identifier | ReturnReference | Explanation |
|------------------|--|--|
| 5chH_P03_S0A_L04 | Schedule H, Part III, Section A, Line 4 | 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. |
| SchH_P03_S0B_L08 | Schedule H, Part III, Section B, Line 8 | Shortfall of Medicare cost over Medicare payments of (\$16,886,764) 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 | 90 | 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 " |
| SchH_P05_S0B_L03 | Schedule H, Part V, Section B, Line 3 | In the fall 2010, the KCI Patient and Community Education Department, in conjunction with a group of University of Michigan Public Health students, conducted key informant interviews Key informants were selected from the Wayne, Oakland and Macomb County health departments, and community organizations, such as Gilda's Club of Metro Detroit, the Wayne County Breast and Cervical Cancer Program (BCCCP), the Detroit Area Agency on Aging, and the Arab Community for Economic and Social Services (ACCESS) Also interviewed were cancer surviviors from each of the three counties, who had received treatment at KCC The interview questionnaire "was designed to obtain candid information regarding the current needs and gaps, as well as the strengths and existing assets in coordination and delivery of cancer- related services" in Wayne, Oakland and Macomb counties A wareness of program services, cultural sensitivity, lack of access to services, and customer service were the four common themes identified from the key informant interviews |

| SchH_P05_S0B_L07 | Schedule H, Part V, Section B, Line 7 | The implementation plan is ongoing with goals set for 2014 |
|------------------|---------------------------------------|---|
| | | The CHNA was extensively reviewed by the hospital |
| | | leadership, the Board, and the Patient/Family Activity |
| | | Committee The CHNA was also discussed with additional |
| | | community leaders including a State representative, and |
| | | members of the Chaldean American Chamber of Commerce |
| | | Twenty five prostate cancer survivors were trained to be |
| | | community advocates, and will be setting up contacts for |
| | | education and awareness presentations in 2014 Zip Code data |
| | | was analyzed to inform strategies for the next CHNA Low cost |
| | | avenues for translation of cancer awareness fact sheets have |
| | | been identified Fact sheets will be translated into Arabic and |
| | | Spanish and distributed in 2014 The CHNA will be reworked to |
| | | provide better information to a focused population (KCI |
| | | patients, Middle Eastern and Hispanic residents) where a gap in |
| | | response was identified |
| SchH_P05_S0B_L19 | Schedule H, Part V, Section B, Line | Barabara Ann Karmanos Cancer Hospital does not have an emergency room |

Explanation

ReturnReference

Identifier

| Identifier | ReturnReference | Explanation |
|------------------|--|---|
| SchH_P05_S0B_L20 | Schedule H, Part V, Section B, Line 20 | Barbara Ann Karmanos Cancer Hospital uses Blue Cross/Blue Shield of Michigan rates for these services |
| 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. In 2013, the organization also conducted a full community needs assessment. The implementation plan is ongoing with goals set for 2014. |

| 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 applications to other programs. |
|------------------|-----------------------------|---|
| 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 Cancer Hospital (Karmanos) is one of 41 National Cancer Institutedesignated comprehensive cancer centers in the United States For four consecutive years, the Barbara Ann Karmanos Cancer Hospital 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 2013, Karmanos provided services to 365,683 individuals representing the 83 counties in the state of Michigan, and 46 of the 50 states in the United States |

Explanation

ReturnReference

Identifier

| Identifier | ReturnReference | Explanation |
|------------------|-----------------------------|--|
| SchH_P06_S00_L06 | Schedule H, Part VI, Line 6 | Barabara Ann Karmanos Cancer Hospital (Karmanos) offers education and awareness programs presented by its physicians and researchers, community education staff members, and trained volunteers. Those 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 and Physical Activity, Ovarian Cancer, Prostate Cancer, Skin Cancer, Testicular Cancer and Women's Cancer Screenings. |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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: 93493073000474

Open to Public

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

| Name of the organization | | | | | | Employer identificati | on number |
|---|-------------------------|--|--------------------------------------|---|---|--|--------------------------------------|
| BARBARA ANN KARMANOS CANCE | RHOSPITAL | | | | | 20-1649466 | |
| Part I General Information | on on Grants and | d Assistance | | | | • | |
| Does the organization maintain the selection criteria used to av | ward the grants or as | sıstance? | | | | | ✓ Yes 「N |
| 2 Describe in Part IV the organize | <u> </u> | | | | | | |
| Part II Grants and Other A Form 990, Part IV, lin | | | | | | | es" to |
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of gram or assistance |
| | | | I | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 5 | | | | | | _ | |
| 3 Enter total number of other orga | anızatıons lısted ın th | ne line 1 table | | | | <u> </u> | |

SchI_P01_S00_L02

(a)Type of grant or assistance

(b) Number of

Schedule I, Part I, Line 2

(f)Description of non-cash assistance

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

(d)A mount of

(e)Method of valuation (book,

Monitor monthly by reviewing the activity and monthly account reconciliations and by comparison to budgets and contracts

(c)A mount of

| (a), , , po or grant or assistance | recipients | cash grant | non-cash assistance | | (1) becompared of the cash assistance |
|---|------------------------------|----------------------------------|---------------------------|-----------|---------------------------------------|
| (1) Provide lodging for cancer patien come from out of town Lodging paid of following local facilities include Athe Hotel, Inn on Ferry Street, Motor Cit Casino Hotel and Greektown Casino | to the eneum y | 83,962 | C |) Book | |
| (2) Direct cash assistance provided patients for treatments | to 76 | 30,273 | C |) Book | |
| (3) Direct cash assistance for patier food, travel and parking | nts for 278 | 86,887 | C |) Book | |
| (4) Direct cash assistance to patient utilities, mortgages, insurance and o miscellaneous items | | 4,325 | C |) Book | |
| | | | | | |
| | | | | | |
| | | | | | |
| Part IV Supplemental Inf | | | | | - |
| Complete this part to provide the infor | mation required in Part I, l | ine 2, Part III, column (b), and | d any other additional in | formation | |
| Identifier Return R | lef erence | Explanation | | | |

Schedule I (Form 990) 2012

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493073000474

OMB No 1545-0047

Open to Public

Inspection

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23. ► Attach to Form 990. ► See separate instructions.

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

20-1649466

| Ρa | Questions Regarding Compensation | | | | |
|----|--|---------------------------------|----|-----|-----|
| | | _ | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information | | | | |
| | First-class or charter travel Housing allowance or resid | | | | |
| | Travel for companions Payments for business use | • | | | |
| | Tax idemnification and gross-up payments Health or social club dues | · | | | |
| | Discretionary spending account Personal services (e.g., ma | aid, chauffeur, chef) | | | |
| h | b If any of the boxes in line 1a are checked, did the organization follow a written policy reg | garding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete P | CONTITUE CONTINUE | 1b | | |
| 2 | | | | | |
| | directors, trustees, and the CEO/Executive Director, regarding the items checked in lin | e la? | 2 | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the comp | ancation of the | | | |
| 3 | organization's CEO/Executive Director Check all that apply Do not check any boxes for used by a related organization to establish compensation of the CEO/Executive Director | or methods | | | |
| | Compensation committee Written employment contra | act | | | |
| | ☐ Independent compensation consultant ☐ Compensation survey or st | tudy | | | |
| | Form 990 of other organizations Approval by the board or co | ompensation committee | | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with resor a related organization | pect to the filing organization | | | |
| а | Receive a severance payment or change-of-control payment? | 4 | 4a | | No |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4 | 4b | | Νo |
| c | Participate in, or receive payment from, an equity-based compensation arrangement? | 4 | 4c | | Νo |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for ea | ch item in Part III | | | |
| | Only $501(c)(3)$ and $501(c)(4)$ organizations only must complete lines 5-9. | | | | |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or compensation contingent on the revenues of | accrue any | | | |
| а | The organization? | | 5a | | Νo |
| b | b Any related organization? | 5 | 5b | | No |
| | If "Yes," to line 5a or 5b, describe in Part III | | | | |
| 6 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or compensation contingent on the net earnings of | accrue any | | | |
| а | The organization? | 6 | 6a | | Νo |
| b | Any related organization? | 6 | 6b | | Νo |
| | If "Yes," to line 6a or 6b, describe in Part III | | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provid payments not described in lines 5 and 6? If "Yes," describe in Part III | • | 7 | | No |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contra | | | | |
| | subject to the initial contract exception described in Regulations section 53 4958-4(a) in Part III | | | | N. |
| _ | | | 8 | | N o |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure section 53 4958-6(c)? | - | 9 | | |

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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

Schedule J (Form 990) 2012

Part III Supplemental Information

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

| Identifier | Return Reference | Explanation |
|------------------|------------------|---|
| SchJ_P01_S00_L03 | , , | 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) 2012

Software ID: 12000197

Software Version: v1.00

EIN: 20-1649466

Name: BARBARA ANN KARMANOS CANCER HOSPITAL

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

| | | 12 01110010, 2110 | | -, | <u>-</u> | | | |
|--------------------|-------------|--------------------------|---|------------------------------|---------------------------|--------------------------------|------------------------------------|--|
| (A) Name | | (B) Breakdown o | of W-2 and/or 1099-MIS | SC compensation | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(ı)-(D) | (F) Compensation reported in prior Form |
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) O ther compensation | compensation | | (B)(I)-(D) | 990 or Form 990-EZ |
| Gerold Bepler (| (ı) (ıı) | 0 396,127 | 0 100,000 | 0 2,322 | 0 | 0 25,641 | 0 0 524,090 | |
| Michael Grisdela (| (ı) (ıı) | 0 269,976 | 0 | 0 8,383 | 0 | 0 23,870 | 0 302,229 | |
| l | (ı) (ıı) | | 0 | 0 3,564 | 0 0 | 0 18,900 | 0 322,635 | |
| Karen Goldman (| (ı) (ıı) | 173,854 0 | 0 | 3,564 | 0 0 | 13,874 0 | 191,292 | |
| Kathleen Carolin (| (I) (II) | 180,085 0 | 0 | 2,322 | 0 0 | 10,639 0 | 193,046 | |
| Sharon Helmer (| (I) (II) | 580,546 0 | 0 | 774 | 22,500 0 | 22,721 0 | 626,541 | |
| Natasha Robinette | (I) (II) | 518,906 0 | 0 | 180 | 17,000 0 | 22,103 0 | 558,189 0 | |
| Hussein Aoun (| (ı) (ıı) | 503,847 0 | 0 | 162 | 17,000 0 | 13,961 0 | . 534,970 0 | |
| Michael Petrich (| (ı) (ıı) | 472,013 0 | 0 | 162 | 17,000 0 | 13,617 0 | 502,792 0 | |
| A lit A mit-Yousif | (ı) (ıı) | 476,316 0 | 0 | 180 | 17,000 0 | 25,199 0 | 518,695 | |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493073000474

LN: 93493073000474

Schedule L (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047

Open to Public Inspection

| Name of the organ | | ER HOSPIT. | AL | | | | | En | ploye | r ident if | ication | numbei | • | | |
|-------------------|-------------|------------|--------------------------------|--|---------------------|------------------|---------------|--------|--------|--|----------|----------|----------------|--|--|
| | | | | | | | | | -1649 | | | | | | |
| | | | | | | and section 5 | | | | | / line / | 10h | | | |
| 1 (a) Name o | | | | swered "Yes" on Form 990, Part IV, line 25a or 25b, or For(b) Relationship between disqualified(c) Description | | | | | | on of transaction | | | (d) Corrected? | | |
| _ | | · | | | d organızatı | | | | | | | Yes | No | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | - | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 2 Enter the am | ount of ta | x ıncurre | d by organiza | ation mana | gers or dis | qualified perso | ns during the | yearı | ınders | ection | | | | | |
| 4958 | | | | | | | | | • | F \$ - | | | | | |
| 3 Enter the am | ount of ta | x, ir any, | on line 2, ap | ove, reimi | oursea by th | e organization | | | • | - \$ | | | | | |
| | | | rom Inter | | | | | | | | | | | | |
| | | | ation answere n amount on l | | |)-EZ, Part V, lı | ne 38a, or Fo | rm 99 | 0,Par | t IV, line | e 26, o | r ıf the | | | |
| (a) Name of | | | (c) Purpose | | | (e)Original | (f)Balance | (a |) In | (h) |) | (i)Wr | tten | | |
| interested | with orga | | | or from | the | principal | due | | ult? | Appro | ved | agreer | | | |
| person | | | | organizat | ion? | amount | | | | by boa | | | | | |
| | | | | То | From | | | Yes | No | Yes | No | Yes | No | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | _ | | | |
| | | | | | | | | | | | | _ | | | |
| | | | | | | | | | | - | | _ | | | |
| Total | | | | <u> </u> | | | | | | | | ٦ | | | |
| Part IIII Gran | ts or As | sistan | ce Benefit | ting Int | erested I | Persons. | | | | 1 | | | | | |
| Comp | olete if th | ne orgai | nization ans | wered " | res" on Fo | rm 990, Part | IV, line 27. | | | | | | | | |
| (a) Name of inte | rested | | ationship bet | | c) A mount o | ofassistance | (d) Type of | fassis | tance | (e) | Purpos | e of ass | stance | | |
| person | | | ted person ar organization | id the | | | | | | | | | | | |
| | | | - | | | | | | | • | | | | | |
| | | | | | | | i | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | i | | | | | | | | |
| | | | | | | | | | | | | | | | |

| Part IV Business Transactions | | | | | |
|-------------------------------|--|-----------------------------------|--|--|----|
| Complete if the organization | <u>:ion answered "Yes" on F</u> | Form 990, Part IV, lın | e 28a, 28b, or 28c. | | |
| (a) Name of Interested person | (b) Relationship between interested person and the organization | (c) A mount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
| | | | | Yes | No |
| (1) Alan S Schwartz | Board Member | 203,140 | Partner in firm that provides legal services | | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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 | Explanation |
|--------------|------------------|-------------|
| | | |

Schedule L (Form 990 or 990-EZ) 2012

OMB No 1545-0047

2012

Open to Public Inspection

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.

• Attach to Form 990 or 990-EZ.

Supplemental Information 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_S0A_L09 | Form 990, Part VI, Section A, Line 9 | Gary Morrison resigned from the organization in December 2013 His forwarding address is 4505 Senda Lane, Austin, TX 78725 |
| F990_P06_S0B_L11b | Form 990, Part VI, Section B, Line 11b | The review process for Form 990 includes a presentation of the Form 990 to the Finance Com mittee of the Board of Directors. A full copy is made available to all board members prior to filing the return |
| F990_P06_S0B_L12c | Form 990, Part VI, Section B, Line 12c | Annual conflict of interest questionnaires are completed by Board members, Officers and Ex ecutive Administration Conflicts are summarized and reported to the Nominating and Govern ance Committee Conflicts are compared to our vendor list to ensure all potential transact ions that involve a conflict of interest are disclosed |
| 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 in centive 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-KC. C Board of Directors as part of the annual budget process. |
| F990_P06_S0C_L19 | Form 990, Part VI, Section C, Line 19 | The Barbara Ann Karmanos Cancer Hospital governing documents, conflict of interest stateme nts and financial statements are available to the public upon request |
| F990_P09_S00_L11g | Form 990, Part IX, Line 11g | Service & maintenance contracts \$10,414,876, Corporate allocations, \$4,478,028, Purchased services-DMC \$58,565,054, Contracted arrangements \$8,803,834, Laundry services \$295,306, T ranscription services \$959,818, Lab & diagnostic services \$10,694, Consultant fees \$443,37 2, Clinical trial patient services \$6,010,684, Ambulance services \$1,703, Other contracted services \$16,453 |
| F990_P11_S00_L09 | Form 990, Part XI, Line 9 | Release from restriction, according to donor wishes, for capital equipment and projects am ounting to \$4,860,558 Includes renovations and/or creation of the following departments ICU, Phase I, Laboratory and Bone Marrow Transplant Offset by other changes in unrestrict ed and restricted net assets (\$1,188,791) |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493073000474

OMB No 1545-0047

2012

Open to Public Inspection

SCHEDULE R (Form 990)

Name of the organization

BARBARA ANN KARMANOS CANCER HOSPITAL

Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Internal Revenue Service

► Attach to Form 990. ► See separate instructions. Department of the Treasury

Employer identification number

20-1649466

| Part 1 Identification of Disregarded Entities (Complete | if the organization | answered "Yes" to | Form 990, Part | 1V, line 33.) | |
|---|--------------------------------|---|----------------------------|--|---|
| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income En | (e) d-of-year assets | (f) Direct controlling entity |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Part II Identification of Related Tax-Exempt Organiza or more related tax-exempt organizations during the | | the organization a | nswered "Yes" to | Form 990, Part I | V, line 34 because it had one |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) (g) Direct controlling Section 512(entity (13) controlling entity? |

| Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the | tions (Complete if tax year.) | the organization a | nswered "Yes" to | Form 990, Part I\ | /, line 34 because it | had or | ne |
|---|--|---|----------------------------|--|-------------------------------------|----------------|-----------------------------|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (13) co ent | 512(b) entrolled aty? |
| • • | Parent company of Barbara Ann Karmanos Cancer Hospital | MI | 501(c)(3) | 509(a)(3) | N/A | Yes | No No |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2012 | | | | | | | |

| (a) Name, address, and EIN o related organization | f | (b) Primary activit | (c) Legal domicile (state or foreign country) | entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- | (f) Share of total income | (g) Share of end-of-yea assets | (h Disprop r allocat | ortionate | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | mana part | ral or | (k) Percenta ownersh |
|--|---|---|--|----------------------------------|--|---------------------------------|---|-----------------------------------|-----------|---|-------------------|--------|----------------------------|
| | | | | | 514) | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| V Identification of Related Or line 34 because it had one or r | ganizations Taxa nore related organi | ble as a Corpo | ration is a cor | or Trust (poration or | Complete if trust during | the organı the tax ye | zatıon ar ar.) | iswere | d "Ye | s" to Form | 990, | Part | :IV, |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | | (d) Direct controll entity | (e) Type of enti (C corp, S corp, or trust) | | total Share e of | (g) e of end- year ssets | | (h) ercentage wnership | Section (b) conti | (13) | |
| | | | | | | | | | | | Yes | | No |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| | Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | | | Yes | No |
|------------|--|-----------|------------------------|---|------------|---------|----|
| 1 D | During the tax year, did the orgranization engage in any of the following transactions with one or more related organiza | ations li | sted in Parts II-IV? | | | | |
| a | Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | | | 1a | | No |
| b | Gift, grant, or capital contribution to related organization(s) | | | | 1b | Yes | |
| c | Gift, grant, or capital contribution from related organization(s) | | | | 1c | Yes | |
| d | Loans or loan guarantees to or for related organization(s) | | | | 1d | | No |
| е | Loans or loan guarantees by related organization(s) | | | | 1e | Yes | |
| | | | | | | | |
| f | Dividends from related organization(s) | | | | 1f | | No |
| g | Sale of assets to related organization(s) | | | | 1g | | No |
| h | Purchase of assets from related organization(s) | | | | 1h | | No |
| i | Exchange of assets with related organization(s) | | | | 1i | | No |
| j | Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | Yes | |
| | | | | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | Yes | |
| ı | Performance of services or membership or fundraising solicitations for related organization(s) | | | | 11 | Yes | |
| m | n Performance of services or membership or fundraising solicitations by related organization(s) | | | | 1m | Yes | |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | 1n | Yes | |
| 0 | Sharing of paid employees with related organization(s) | | | | 10 | Yes | |
| | | | | | | | |
| р | Reimbursement paid to related organization(s) for expenses | | | | 1р | Yes | |
| q | Reimbursement paid by related organization(s) for expenses | | | | 1 q | | No |
| | | | | | | | |
| r | Other transfer of cash or property to related organization(s) | | | | 1r | Yes | |
| s | Other transfer of cash or property from related organization(s) | | | | 1s | | No |
| | | | | | | | |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, includes the second of the above is "Yes," see the instructions for information on who must complete this line, includes the second of the above is "Yes," see the instructions for information on who must complete this line, includes the second of the above is "Yes," see the instructions for information on who must complete this line, includes the second of the above is "Yes," see the instructions for information on who must complete this line, includes the second of the above is "Yes," see the instructions for information on who must complete this line, includes the second of the above is "Yes," see the instructions for information on who must complete this line, includes the second of the above is "Yes," see the instructions for information on who must complete this line, includes the second of the above is "Yes," see the instructions for information on who must complete this line, includes the second of the se | uding co | | | | | |
| | (a)(b)Name of other organizationTransactiontype (a-s | | (c) Amount involved | (d) Method of determining amo | ount I | nvolved | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | 1 | | | | |

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

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 re | garding exclu | sion for ce | | nent | partnerships | | | | ` | , | | - | |
|--|--------------------------------|---|---|------|--|------------------------------------|--|--------------------------------------|----|---|---|----|--------------------------------|
| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under section 512- 514) | org | (e) all partners section 501(c)(3) anizations? | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtiona allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
| | | | 514) | Yes | No | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | 1 | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Additional Data Return to Form

Software ID: 12000197

Software Version: v1.00

EIN: 20-1649466

Name: BARBARA ANN KARMANOS CANCER HOSPITAL

Schedule R (Form 990) 2012

Page **5**

Part VII Supplemental Information

| | Complete this part to provide additional information for responses to questions on Schedule R (see instructions) | | | | | | | |
|---|--|------------------|-------------|--|--|--|--|--|
| | Identifier | Return Reference | Explanation | | | | | |
| _ | | | | | | | | |

Consolidated Financial Report with Additional Information
April 30, 2013

| | Contents |
|--|----------|
| Report Letter | 1-2 |
| Consolidated Financial Statements | |
| Balance Sheet | 3 |
| Statement of Operations | 4 |
| Statement of Changes in Net Assets | 5 |
| Statement of Cash Flows | 6 |
| Notes to Consolidated Financial Statements | 7-36 |
| Additional Information | 37 |
| Consolidating Balance Sheet | 38-39 |
| Consolidating Statement of Operations | 40-41 |
| Consolidating Statement of Cash Flows | 42-43 |





27400 Northwestern Highway PO Box 307 Southfield MI 48037-0307 Tel 248 352 2500 Fax 248 352 0018 plantemoran com

Independent Auditor's Report

To the Board of Directors

Barbara Ann Karmanos Cancer Institute
and Subsidiaries

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of Barbara Ann Karmanos Cancer Institute and Subsidiaries (the "Institute"), which comprise the consolidated balance sheet as of April 30, 2013 and 2012 and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

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

Auditor's Responsibility

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

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

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



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

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Barbara Ann Karmanos Cancer Institute and Subsidiaries as of April 30, 2013 and 2012 and the results of their operations and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As described in Note I to the consolidated financial statements, the Institute adopted the provisions of Accounting Standards Update 2011-07, Health Care Entities (Topic 954) Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and Allowance for Doubtful Accounts for Certain Health Care Entities, during 2013. Our opinion is not modified with respect to this matter.

Other Matter

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating information in the accompanying schedules is presented for the purpose of additional analysis rather than to present the financial position, results of operations, and cash flows of the individual entities and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with Government Auditing Standards, we have also issued our report dated August 7, 2013 on our consideration of the Barbara Ann Karmanos Cancer Institute and Subsidiaries' internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, grant agreements, and other matters. 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 an opinion 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 in considering Barbara Ann Karmanos Cancer Institute and Subsidiaries' internal control over financial reporting and compliance.

Plante 1 Moran, PLLC

Consolidated Balance Sheet

| | | Aprıl 30, 2013 | | Aprıl 30, 2012 |
|---|----|----------------|----|----------------|
| Assets | | | | |
| Current Assets | | | | |
| Cash and cash equivalents | \$ | 13,437,320 | \$ | 8,929,000 |
| Short-term investments (Note 5) | | 9,083,734 | | 9,289,424 |
| Patient service receivables - Net (Note 2) | | 17,509,070 | | 21,030,401 |
| Contributions receivable (Note 4) | | 2,805,799 | | 2,844,715 |
| Affiliation receivables (Note 11) | | 1,481,476 | | 2,592,167 |
| Donor pledges collateralizing debt (Note 9) | | 3,050,000 | | 6,200,000 |
| Estimated third-party payor settlements (Note 3) | | 4 077 01 1 | | 676,154 |
| Other receivables | | 4,977,011 | | 4,473,740 |
| Prepaid expenses and other | | 2,792,867 | | 2,981,296 |
| Inventory | | 2,502,186 | | 2,329,605 |
| Total current assets | | 57,639,463 | | 61,346,502 |
| Investments (Note 5) | | 23,556,380 | | 19,133,623 |
| Land, Buildings, and Equipment - Net (Note 7) | | 33,235,629 | | 31,876,335 |
| Contributions Receivable - Net of current portion (Note 4) | | 11,679,095 | | 11,832,995 |
| Donor Pledges Collateralizing Debt - Net of current portion (Note 9) | | 3,150,000 | | - |
| Other Noncurrent Assets | _ | 1,331,117 | _ | 2,262,234 |
| Total assets | \$ | 130,591,684 | \$ | 126,451,689 |
| Liabilities and Net Assets | | | | |
| Current Liabilities | | | | |
| Current portion of notes payable and lease obligations (Note 8) | \$ | 16,482,129 | \$ | 2,053,057 |
| Current portion of donor-collateralized debt (Note 9) | | 3,050,000 | · | 6,200,000 |
| Accounts payable and accrued expenses | | 15,946,142 | | 19,561,135 |
| Accrued payroll | | 7,500,281 | | 7,727,791 |
| Affiliation payable (Note 11) | | 18,492,563 | | 20,986,603 |
| Estimated third-party payor settlements (Note 3) | | 8,913,321 | | 993,369 |
| Other current liabilities | | 4,476,840 | | 4,462,196 |
| Total current liabilities | | 74,861,276 | | 61,984,151 |
| Long-term Notes Payable and Lease Obligations - Net of current | | | | |
| portion (Note 8) | | 436,241 | | 16,931,422 |
| Donor-collateralized Debt - Net of current portion (Note 9) | | 3,150,000 | | - |
| Long-term Affiliation Payable - Net of current portion (Note 11) | | 2,323,716 | | 4,154,116 |
| Other Liabilities | | 1,287,394 | | 2,472,013 |
| Total liabilities | | 82,058,627 | | 85,541,702 |
| Net Assets | | | | |
| Unrestricted | | 802,244 | | (6,047,071) |
| Unrestricted - Board designated | | 2,276,236 | | 735,953 |
| Temporarily restricted (Note 14) | | 30,619,431 | | 31,424,108 |
| Permanently restricted (Note 14) | _ | 14,835,146 | | 14,796,997 |
| Total net assets | | 48,533,057 | | 40,909,987 |
| Total liabilities and net assets | \$ | 130,591,684 | \$ | 126,451,689 |

Consolidated Statement of Operations

| | Years Ended | | | | |
|--|-------------|---|----|--|--|
| | | prıl 30, 2013 | | Aprıl 30, 2012 | |
| Unrestricted Revenue, Gains, and Other Support Net patient service revenue - Net of contractual allowances and discounts (Note 3) Provision for bad debts | \$ | 222,623,683 (2,707,021) | \$ | 222,854,087 (2,580,105) | |
| | | ` | | <u> </u> | |
| Net patient service revenue less provision for bad debts | | 219,916,662 | | 220,273,982 | |
| Other, principally grants and contracts (Note 15) Net assets released from restrictions | | 26,022,686 10,515,878 | | 25,273,869 12,656,058 | |
| Total unrestricted revenue, gains, and other support | | 256,455,226 | | 258,203,909 | |
| Expenses | | | | | |
| Salaries and wages Employee benefits Supplies Pharmaceutical supplies Clinical arrangements Contracted services Purchased services - DMC Professional fees Insurance Occupancy Lease expense (Note 17) Depreciation and amortization (Note 7) Provision for nonpatient bad debt expense Interest expense Transfers to WSU for research Other | | 73,838,956 17,304,967 8,160,083 36,470,122 8,821,270 26,575,851 57,445,496 2,120,070 749,722 3,715,989 6,928,383 6,425,608 40,000 1,438,192 1,703,366 464,535 | | 71,491,880 18,380,268 7,997,102 35,591,146 8,640,571 29,501,915 60,709,850 2,140,480 898,472 3,808,870 6,283,819 5,930,774 291,534 1,701,996 2,205,466 4,395,271 | |
| Total expenses (Note 16) | | | | | |
| Operating Income (Loss) Other Income (Loss) Change in unrealized gains (losses) on investments (Note 5) Impairment and write-off of property and equipment Net loss on business ventures (Notes 18 and 19) | | 4,252,616 274,427 - (923,124) | | (1,765,505) (1,664,093) (239,315) (1,397,444) | |
| Total other loss | | (648,697) | | (3,300,852) | |
| Excess of Revenue Over (Under) Expenses (Note I) | | 3,603,919 | | (5,066,357) | |
| Net Assets Released from Restrictions for Capital Acquisitions (Note I) | | 6,006,271 | | 4,803,789 | |
| Other Equity Transfers (Note 1) | | (1,220,592) | | 471,911 | |
| Increase in Unrestricted Net Assets | \$ | 8,389,598 | \$ | 209,343 | |

Consolidated Statement of Changes in Net Assets

| | Years Ended | | | | | |
|--|----------------|----------------|--|--|--|--|
| | Aprıl 30, 2013 | April 30, 2012 | | | | |
| Unrestricted Net Assets | | | | | | |
| Excess of revenue over (under) expenses | \$ 3,603,919 | \$ (5,066,357) | | | | |
| Net assets released from restrictions for capital acquisitions | 6,006,271 | 4,803,789 | | | | |
| Other equity transfers | (1,220,592) | 471,911 | | | | |
| Increase in Unrestricted Net Assets | 8,389,598 | 209,343 | | | | |
| Temporarily Restricted Net Assets | | | | | | |
| Restricted contributions (Note 4) | 12,948,785 | 11,802,566 | | | | |
| Restricted investment income | 1,555,024 | 928,671 | | | | |
| Net assets released from restriction | (16,522,149) | (17,459,847) | | | | |
| Other equity transfers | 1,213,663 | (42,945) | | | | |
| Decrease in Temporarily Restricted Net Assets | (804,677) | (4,771,555) | | | | |
| Permanently Restricted Net Assets | | | | | | |
| Restricted contributions | 31,220 | 763,483 | | | | |
| Other equity transfers | 6,929 | (428,966) | | | | |
| Increase in Permanently Restricted Net Assets | 38,149 | 334,517 | | | | |
| Increase (Decrease) in Net Assets | 7,623,070 | (4,227,695) | | | | |
| Net Assets - Beginning of year | 40,909,987 | 45,137,682 | | | | |
| Net Assets - End of year | \$ 48,533,057 | \$ 40,909,987 | | | | |

Consolidated Statement of Cash Flows

| | Years Ended | | | | |
|---|-------------|---|----|----------------|--|
| | | April 30, 2013 | / | Aprıl 30, 2012 | |
| Cash Flows from Operating Activities | | | | | |
| Increase (decrease) in net assets | \$ | 7,623,070 | \$ | (4,227,695) | |
| Adjustments to reconcile increase (decrease) in net assets to net cash from | • | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | • | (1,==/,=/-/ | |
| operating activities | | | | | |
| Depreciation and amortization | | 6,425,608 | | 5,930,774 | |
| Impairment and write-off of property and equipment | | - | | 239,315 | |
| Donated stock | | (1,181,824) | | (1,091,730) | |
| Realized gains on investments | | (709,482) | | (732,360) | |
| Unrealized (gains) losses on investments | | (274,427) | | 1,664,093 | |
| Net loss on disposal of furniture and equipment | | 26,364 | | 1,105 | |
| Provision for bad debts | | 2,747,021 | | 2,580,105 | |
| Change in the present value of contributions receivable | | (556,636) | | 781,758 | |
| Changes in assets and liabilities which (used) provided cash | | | | | |
| Patient service receivables | | 774,310 | | (7,603,111) | |
| Affiliation receivables | | 1,110,691 | | 387,404 | |
| Estimated third-party payor settlements - Net | | 8,596,106 | | 5,799,174 | |
| Contributions receivable | | 749,452 | | 535,469 | |
| Other current assets | | (487,423) | | (351,218) | |
| Other noncurrent assets | | 931,117 | | 1,491,111 | |
| Accounts payable and accrued expenses | | (3,614,993) | | 1,449,480 | |
| Affiliation payables | | (4,324,440) | | 2,306,097 | |
| Accrued payroll and other current liabilities | | (212,866) | | 811,764 | |
| Other noncurrent liabilities | | (1,184,619) | | 980,675 | |
| Net cash provided by operating activities | | 16,437,029 | | 10,952,210 | |
| Cash Flows from Investing Activities | | | | | |
| Purchase of property and equipment | | (7,811,266) | | (7,883,693) | |
| Proceeds from sale of property and equipment | | - | | 43,895 | |
| Purchase of investments | | (22,966,424) | | (28,973,923) | |
| Proceeds from sale and maturities of investments | | 20,915,090 | | 17,863,599 | |
| Net cash used in investing activities | | (9,862,600) | | (18,950,122) | |
| Cash Flows from Financing Activities | | | | | |
| Proceeds from long-term debt | | - | | 1,485,979 | |
| Principal payment on long-term debt | | (2,066,109) | | (2,993,760) | |
| Net cash used in financing activities | | (2,066,109) | | (1,507,781) | |
| Net Increase (Decrease) in Cash and Cash Equivalents | | 4,508,320 | | (9,505,693) | |
| Cash and Cash Equivalents - Beginning of year | | 8,929,000 | | 18,434,693 | |
| Cash and Cash Equivalents - End of year | \$ | 13,437,320 | \$ | 8,929,000 | |
| Supplemental Cash Flow Information | | | | | |
| Cash paid for interest | \$ | 1,409,577 | \$ | 1,566,286 | |
| Donated stock in payment of contribution receivable | | 1,181,824 | | 1,091,730 | |

Notes to Consolidated Financial Statements April 30, 2013 and 2012

Note I - 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 foundations, including the United Way Community Services of Southeastern Michigan and other regional United Way units.

Effective December 1, 2005, the Institute purchased the cancer hospital operations from The Detroit Medical Center and established Barbara Ann Karmanos Cancer Hospital d/b/a Karmanos Cancer Center (the "Center"). The Center's sole member is the Institute and will be referred to herein as a subsidiary. The Center is a not-for-profit organization which is dedicated to the delivery of cancer care services, the treatment and care of cancer patients, and the prevention of cancer.

In May 2010, the Institute formed a wholly owned taxable subsidiary, Delphinus Investment, Inc., for the purpose of holding the Institute's share of Delphinus Medical Technologies, LLC (see Note 18).

Agreements with The Detroit Medical Center (DMC) and Wayne State University (WSU) help the Institute provide integrated cancer research and treatment opportunities for the southeastern Michigan area and help maintain the National Cancer Institute designation for Barbara Ann Karmanos Cancer Institute Comprehensive Cancer Center as one of 41 throughout the nation. Although the Institute is not under common control under either DMC or WSU, these agreements are referred to as affiliation agreements throughout the consolidated financial statements.

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

Basis of Consolidation - The accompanying consolidated financial statements include the accounts of Barbara Ann Karmanos Cancer Institute and Subsidiaries. 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, 2013 and 2012

Note I - 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 for doubtful accounts in the period they are determined to be uncollectible. An allowance for contractual adjustments and interim payment advances is based on expected payment rates from payors based on current reimbursement methodologies. This amount also includes amounts received as interim payments against unpaid claims by certain payors (see Note 3).

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

Contributions - Contributions, including promises to give and beneficial interests in lead trusts, are recorded as receivables at fair value when received and recognized as revenue concurrently. Conditional promises made by or received by the Institute are not recorded as expenses or revenue until the conditions affecting the obligation have been satisfied.

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

Notes to Consolidated Financial Statements April 30, 2013 and 2012

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

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

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. Investments in a multistrategy hedge fund are measured at net asset value, which approximates 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 over (under) 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 portfolio is classified as trading, with unrealized gains and losses included in excess of revenue over expenses.

Concentration of Credit Risk - Custodial credit risk is the risk that, in the event of a bank failure, the Institute's deposits may not be returned to it. The Institute's policy related to custodial credit risk of bank deposits is to maintain all deposits in a high quality institution. The Institute maintains balances in its deposit accounts to adequately cover current operating payment expenses and, as a result, generally requires balances that exceed the FDIC insurance limits of \$250,000. Effective January 1, 2013, noninterest-bearing transaction accounts are no longer insured separately from other accounts at the same institution. All depositor's accounts in the aggregate are insured up to \$250,000 per institution. Of the cash balances maintained in FDIC-insured institutions, the uninsured cash balances total \$12,728,578 at April 30, 2013.

Land, Buildings, and Equipment - Land, buildings, 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.

Notes to Consolidated Financial Statements April 30, 2013 and 2012

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

Donor Pledges Collateralizing Debt - Donor pledges collateralizing debt are comprised of pledges that have been committed to support and guarantee bank promissory notes (see Note 9).

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 funds to be used for specified purposes. These funds are classified on the consolidated balance sheet as unrestricted board-designated net assets. The board retains control over board-designated net assets, and may, at its discretion, subsequently use them for other purposes. Donor-imposed restrictions that expire with the passage of time or that can be removed by meeting certain requirements result in temporarily restricted net assets. Permanently restricted net assets result from donor-imposed restrictions that limit the use of net assets in perpetuity. Earnings, gains, and losses on restricted net assets are classified as unrestricted unless specifically restricted by the donor or by applicable state law.

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

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

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, 2013 and 2012

Note I - 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 cost of these services is based on the direct and indirect costs of providing the charity care and is calculated based on the ratio of total expenses to gross charges. This cost ratio is then multiplied by the gross charges foregone. For the years ended April 30, 2013 and 2012, charity care services amounted to approximately \$512,000 and \$216,000, respectively.

In addition, under arrangements with various governmental insurance programs, the Institute provides significant care to the local Medicare population as well as the local indigent population for which reimbursement for services rendered is generally less than the cost of providing such services. For the years ended April 30, 2013 and 2012, uncompensated care amounted to a net shortfall of approximately \$19,651,000 and \$20,753,000, respectively.

As part of its obligation to the local communities, the Institute provides numerous other educational and patient and family programs that benefit the communities and are generally performed at no charge. The Institute provides those services through the following: access to the National Cancer Institute's Cancer Information Service and toll-free phone numbers; educational presentations, materials, and displays for prevention and early detection of cancer; genetics educational sessions; publications highlighting new initiatives in cancer research, treatment, and education; and a resource center featuring videos, literature, and special programs and resources for smoking cessation.

Additionally, the Institute makes a significant investment in cancer research. Over 300 Institute investigators conduct all forms of research into the prevention, detection, and causes of cancer including basic, clinical, translational, epidemiological, and behavioral research. For 2013 and 2012, the Institute's investment in research activities exceeded all associated revenue sources by \$2,100,000 and \$4,600,000, respectively, funded by other fundraising activities of the Institute and hospital operations.

Fundraising Events - Fundraising events direct expenses were \$2,496,495 and \$2,120,101 for the years ended April 30, 2013 and 2012, respectively, and are included with expenses on the consolidated statement of operations.

Notes to Consolidated Financial Statements April 30, 2013 and 2012

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

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

Excess of Revenue Over (Under) Expenses - The consolidated statement of operations includes excess of revenue over (under) expenses. Changes in unrestricted net assets, which are excluded from excess of revenue over (under) 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 (under) expenses.

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

Tax Status - The Institute and the Center are nonprofit, tax-exempt organizations under Section 501(a) and Section 501(c)(3) of the Internal Revenue Code; accordingly, no tax provision is reflected in the consolidated financial statements. The Institute is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. With few exceptions, the Institute is no longer subject to U.S. federal, state, and local, or non-U.S. income tax examinations by tax authorities for years before 2009.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Institute and recognize a tax liability if the Institute has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or other applicable taxing authorities. Management has analyzed the tax positions taken by the Institute and has concluded that as of April 30, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the consolidated financial statements.

Notes to Consolidated Financial Statements April 30, 2013 and 2012

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

New Accounting Pronouncements - During 2011, the Financial Accounting Standards Board (FASB) adopted Accounting Standards Update (ASU) 2011-07, Health Care Entities (Topic 954) Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities, establishing accounting and disclosures for healthcare entities to recognize significant amounts of patient service revenue at the time services are rendered even though the entities do not assess a patient's ability to pay. The provision for bad debts associated with patient service revenue for certain entities is required to be presented on a separate line as a deduction from patient service revenue (net of contractual allowances and discounts) in the consolidated statement of operations. The ASU is effective for the Institute for the year ended April 30, 2013 and the provision has been applied retrospectively to the year ended April 30, 2012. As a result of the retrospective application, total unrestricted revenue, gains, and other support and total operating expenses decreased by \$5,767,230 with no change to excess of revenue under expenses for the year ended April 30, 2012.

Subsequent Events - The consolidated financial statements and related disclosures include evaluation of events up through and including August 8, 2013, which is the date the consolidated financial statements were available to be issued.

Note 2 - Patient Service Receivables

The details of net patient service receivables are set forth below:

| | 2013 | | 2012 |
|---------------------------------------|------------------|----|-------------|
| Medicare | \$ 3,914,639 | \$ | 4,206,633 |
| Medicaid | 805,778 | | 1,564,396 |
| Blue Cross Blue Shield of Michigan | 927,353 | | 2,099,395 |
| Managed care | 6,430,967 | | 9,070,867 |
| Commercial | 5,433,877 | | 5,118,584 |
| Other | (3,544) | _ | (1,029,474) |
| Total net patient service receivables | \$ 17,509,070 | \$ | 21,030,401 |

Notes to Consolidated Financial Statements April 30, 2013 and 2012

Note 2 - Patient Service Receivables (Continued)

The allowance for contractual adjustments was \$57,718,701 and \$58,030,851 as of April 30, 2013 and 2012, respectively. The allowance for uncollectible accounts was \$3,143,007 and \$3,730,751 as of April 30, 2013 and 2012, respectively.

Certain of the hospital net patient service receivables are collateral for a bank line of credit (see Note 8).

Note 3 - Patient Service Revenue

The Institute has agreements with third-party payors that provide for reimbursement at discounted amounts from established rates. A summary of the basis of reimbursement with these third-party payors follows:

- Medicare Inpatient, acute-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 30.0 percent of the Institute's net patient service revenue is received from the Medicare program.
- 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, 2013 and January 1, 2012, the Medicaid outpatient payment rate was estimated to total 54.3 and 55.3 percent, respectively, of the Medicare payment rate. Inpatient bone marrow transplant cases are paid on a cost basis. Approximately 15.2 percent of the Institute's net patient service revenue is received from the Medicaid program.
- Blue Cross Blue Shield of Michigan Inpatient, acute-care services are reimbursed at prospectively determined rates per discharge. Outpatient services are reimbursed on fee-for-service, percentage of charge basis, and cost basis depending on type of service provided. Approximately 30.4 percent of the Institute's net patient service revenue is received from the Blue Cross Blue Shield of Michigan program.
- Other Third-party Payors The Institute has also entered into agreements with certain commercial carriers, health maintenance organizations, and preferred provider organizations. The bases for reimbursement under these agreements are discounts from established charges, prospectively determined rates per discharge, percentage of hospital charges, and prospectively determined daily rates.

Notes to Consolidated Financial Statements April 30, 2013 and 2012

Note 3 - Patient Service Revenue (Continued)

Cost report settlements result from the adjustment of interim payments to final reimbursement under these programs and are subject to audit. These audits may result in changes in these estimated program settlement balances and will be adjusted in future periods as final settlements are determined.

The Medicare program has initiated a recovery audit contractor (RAC) initiative, whereby claims subsequent to October 1, 2007 will be reviewed by contractors for validity, accuracy, and proper documentation. A demonstration project completed in several other states resulted in the identification of potential significant overpayments. The RAC program began for Michigan in 2009. Although the Institute is unable to determine the extent of liability for overpayments, if any, management does track the status of audits and has provided a reserve of approximately \$100,000.

The Institute recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered. For uninsured patients that do not qualify for charity care, the Institute recognizes revenue on the basis of its standard rates for services provided. On the basis of historical experience, a significant portion of the Institute's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Institute records a significant provision for bad debts related to uninsured patients in the period the services are provided. Patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts), recognized in the period from these major payor sources in total was \$222,623,683 at April 30, 2013. This amount is made up of amounts from third-party payors of \$221,169,476 and amounts from self-pay payors of \$1,454,207.

Patient service revenue, net of contractual and other adjustments, for the years ended April 30, 2013 and 2012 are as follows:

| | _ | 2013 | _ | 2012 |
|------------------------------------|----|-------------|----|-------------|
| Hospital services | \$ | 217,336,220 | \$ | 216,631,607 |
| Hospice services | | 1,739,280 | | 2,684,664 |
| Professional radiological services | | 3,280,431 | | 3,280,746 |
| Other professional services | _ | 178,289 | | 169,122 |
| Total patient services revenue | | 222,534,220 | | 222,766,139 |
| Other services | _ | 89,463 | | 87,948 |
| Total | \$ | 222,623,683 | \$ | 222,854,087 |

Notes to Consolidated Financial Statements April 30, 2013 and 2012

Note 4 - Contributions Receivable

Unconditional promises to give as of April 30, 2013 and 2012 are as follows:

| | 2013 | | 2012 | |
|--|------|------------|------|------------|
| To be received in: | | | | |
| One year or less | \$ | 2,805,799 | \$ | 2,844,715 |
| Two to five years | | 6,684,560 | | 6,498,022 |
| Over five years | | 9,764,091 | | 10,666,241 |
| Total | | 19,254,450 | | 20,008,978 |
| Less present value discount | | 4,759,336 | | 5,315,972 |
| Less allowance for uncollectible pledges | | 10,220 | | 15,296 |
| Net unconditional promises to give | \$ | 14,484,894 | \$ | 14,677,710 |

Contributions receivable may have donor-imposed restrictions for use or time restrictions. Donor-imposed restrictions regarding the use of funds are typically for research, clinical and outreach programs, facilities, and various other projects.

Approximately 81 percent of the net receivable balance is due from three significant contributors at April 30, 2013 and 2012.

Notes to Consolidated Financial Statements April 30, 2013 and 2012

Note 5 - Investments

Investments are reported at fair value. Fair value is generally determined using quoted market prices. The purpose and composition of investments at April 30, 2013 and 2012 are set forth in the following tables:

| | 2013 | | | 2012 | |
|--|-----------|------------|-----------|------------|--|
| Purpose: | | | | | |
| Unrestricted | \$ | (458,453) | \$ | (753,016) | |
| Donor temporarily restricted investments | | 18,357,479 | | 15,352,248 | |
| Donor permanently restricted investments | _ | 14,741,088 | _ | 13,823,815 | |
| Total investments | | 32,640,114 | | 28,423,047 | |
| Less short-term investments | _ | 9,083,734 | | 9,289,424 | |
| Investments greater than one-year maturity | <u>\$</u> | 23,556,380 | <u>\$</u> | 19,133,623 | |
| Composition: | | | | | |
| Debt mutual funds | \$ | 15,344,503 | \$ | 14,074,228 | |
| Domestic equity mutual funds | | 10,488,267 | | 9,331,983 | |
| International equity mutual funds | | 1,374,741 | | 642,381 | |
| Investments held by Wayne State University | | 3,434,716 | | 3,153,930 | |
| Multi-strategy hedge fund | | 895,463 | | 685,263 | |
| Other | | 876,393 | | 422,244 | |
| Funds held in escrow | _ | 226,031 | _ | 113,018 | |
| Total | \$ | 32,640,114 | \$ | 28,423,047 | |

Investments held by WSU consist of the Meyer and Anna Prentis Endowment Fund, which is held in a pooled investment account.

Notes to Consolidated Financial Statements April 30, 2013 and 2012

Note 5 - Investments (Continued)

Investment income and gains and losses are comprised of the following for the years ended April 30, 2013 and 2012:

| | 2013 | | 2012 | |
|---|------|-----------|------|-------------|
| Unrestricted investment income (loss): | | | | |
| Investment income (loss) included in other revenue, | | | | |
| net of fees | \$ | 316,125 | \$ | (70, 135) |
| Realized (loss) gain on investments | | (162,131) | | 7,282 |
| Change in net unrealized gains (losses) on | | | | |
| investments | | 274,427 | | (1,664,093) |
| Temporarily restricted investment income: | | | | |
| Realized interest and dividend income | | 683,411 | | 203,593 |
| Realized gain on investments | | 871,613 | | 725,078 |
| Total | \$ | 1,983,445 | \$ | (798,275) |

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, 2013 and 2012 and the valuation techniques used by the Institute to determine those fair values.

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

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

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

Notes to Consolidated Financial Statements April 30, 2013 and 2012

Note 6 - Fair Value Measurements (Continued)

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

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

| | 1 | nuoted Prices in Active Markets for entical Assets (Level I) | _ | Significant Other Observable Inputs (Level 2) | L _ | Significant Inobservable Inputs (Level 3) | _A | Balance at pril 30, 2013 |
|-----------------------------------|----|--|----|---|--------|--|----|-----------------------------|
| Debt mutual funds | \$ | - | \$ | 15,344,503 | \$ | _ | \$ | 15,344,503 |
| Domestic equity mutual funds | | 10,488,267 | | - | | - | | 10,488,267 |
| International equity mutual funds | | 1,374,741 | | - | | - | | 1,374,741 |
| Investments held by Wayne State | | | | | | | | |
| University | | - | | - | | 3,434,716 | | 3,434,716 |
| Multi-strategy hedge fund | | - | | - | | 895,463 | | 895,463 |
| Other | | 876,393 | | - | | - | | 876,393 |
| Funds held in escrow - Money | | | | | | | | |
| market funds | _ | 226,031 | _ | | _ | | | 226,031 |
| Total | \$ | 12,965,432 | \$ | 15,344,503 | \$ | 4,330,179 | \$ | 32,640,114 |

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

| | ı | uoted Prices in Active Markets for entical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | _ | Significant Jnobservable Inputs (Level 3) | _A | Balance at pril 30, 2012 |
|-----------------------------------|----|---|---|----|--|----|-----------------------------|
| Debt mutual funds | \$ | - | \$ 14,074,228 | \$ | _ | \$ | 14,074,228 |
| Domestic equity mutual funds | | 9,331,983 | - | | - | | 9,331,983 |
| International equity mutual funds | | 642,381 | _ | | _ | | 642,381 |
| Investments held by Wayne State | | | | | | | |
| University | | _ | _ | | 3,153,930 | | 3,153,930 |
| Multi-strategy hedge fund | | _ | _ | | 685,263 | | 685,263 |
| Other | | 422,244 | _ | | _ | | 422,244 |
| Funds held in escrow - Money | | | | | | | |
| market funds | | 113,018 | | | | | 113,018 |
| Total | \$ | 10,509,626 | \$ 14,074,228 | \$ | 3,839,193 | \$ | 28,423,047 |

Notes to Consolidated Financial Statements April 30, 2013 and 2012

Note 6 - Fair Value Measurements (Continued)

The Institute's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer. There were no significant transfers between levels of the fair value hierarchy during 2013 and 2012.

The debt mutual funds are categorized as Level 2 assets. The fair value of these investments is determined primarily on quoted prices from the Institute's custodian bank and administrator of the funds.

Changes in Level 3 assets measured at fair value on a recurring basis for the years ended April 30, 2013 and 2012 are as follows:

| | ٧ | nvestments Held by Vayne State University | | ulti-strategy ledge Fund |
|--|-----------|--|-----------|-----------------------------|
| Balance at April 30, 2012 | \$ | 3,153,930 | \$ | 685,263 |
| Purchases Total realized (losses) gains Total unrealized (losses) gains included in change | | - 455,442 | | 181,000 14,595 |
| in net assets | | (13,040) | | 19,577 |
| Net transfers out | | (161,616) | | (4,972) |
| Balance at April 30, 2013 | <u>\$</u> | 3,434,716 | <u>\$</u> | 895,463 |
| | | | | |
| | V | nvestments Held by Vayne State University | | ulti-strategy ledge Fund |
| Balance at April 30, 2011 | V | Held by Vayne State | <u>H</u> | - . |
| Purchases Total realized gains | <u> </u> | Held by Vayne State University | <u>H</u> | ledge Fund |
| Purchases | <u> </u> | Held by Vayne State University 3,341,826 | <u>H</u> | I,390,729 (662,340) |

Notes to Consolidated Financial Statements April 30, 2013 and 2012

Note 6 - Fair Value Measurements (Continued)

Observable and unobservable inputs may be used to determine the fair value of positions classified as Level 3 assets. As a result, the unrealized gains and losses for these assets 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. These investments have a weekly redemption frequency. 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. The multi-strategy hedge fund has a quarterly redemption frequency and has no redemption restrictions or withdrawal penalties. There are no unfunded commitments.

Note 7 - Land, Buildings, and Equipment

Land, buildings, and equipment consist of the following for the years ended April 30, 2013 and 2012:

| | | | | | Depreciable |
|-------------------------------------|-----------|--------------|----|--------------|--------------|
| | | 2013 | | 2012 | Life - Years |
| Land | \$ | 1,553,405 | \$ | 1,553,405 | - |
| Buildings and building improvements | | 21,665,570 | | 19,171,503 | 5-30 |
| Transportation equipment | | 83,968 | | 83,968 | 4-8 |
| Leasehold improvements | | 7,673,747 | | 6,976,708 | 10-12 |
| Furniture - Artwork | | 2,923,591 | | 2,586,380 | 5-20 |
| Software, office, and computer | | | | | |
| equipment | | 21,217,401 | | 19,244,306 | 3-20 |
| Medical equipment | | 17,071,976 | | 15,636,581 | 3-15 |
| Construction in progress | | 1,462,544 | _ | 686,997 | - |
| Total cost | | 73,652,202 | | 65,939,848 | |
| Accumulated depreciation | | (40,416,573) | _ | (34,063,513) | |
| Net land, buildings, and equipment | <u>\$</u> | 33,235,629 | \$ | 31,876,335 | |

Notes to Consolidated Financial Statements April 30, 2013 and 2012

Note 7 - Land, Buildings, and Equipment (Continued)

Depreciation and amortization expense on property and equipment totaled \$6,425,608 and \$5,930,774 in 2013 and 2012, respectively.

Medical equipment includes leased assets at April 30, 2013 and 2012 of \$4,985,051, net of accumulated amortization of \$4,346,453 and \$3,612,521, respectively.

Computer equipment includes leased assets at April 30, 2013 and 2012 of \$228,417, net of accumulated amortization of \$220,396 and \$204,354, respectively.

Note 8 - Notes Payable and Lease Obligations

Notes payable and installment obligations are comprised of the following for the years ended April 30, 2013 and 2012:

| | 2013 | 2012 |
|---|------------|------------|
| Equipment financing through seller, monthly principal and interest payments of \$68,660 over 84 months, interest rate at 6 percent through November 2012 | \$ - | \$ 471,154 |
| Equipment financing, monthly principal and interest payments of \$51,438 over 72 months, interest rate at 10 percent through May 2012 | - | 51,012 |
| Membership interest in prior joint venture financed through seller. Quarterly payments at interest rate of LIBOR plus 0.5 percent. Quarterly principal payments of \$145,414, plus interest to begin April 2014 through January 2015 | 581,655 | 581,655 |
| Bank line of credit, collateralized by certain hospital patient accounts receivable, monthly interest payments at LIBOR plus 3.75 and floor of 1.0 percent (4.75 percent and 5.75 percent at April 30, 2013 and 2012, respectively). Outstanding amounts are due at | | |
| maturity on December 1, 2013 | 10,000,000 | 10,000,000 |

Notes to Consolidated Financial Statements April 30, 2013 and 2012

Note 8 - Notes Payable and Lease Obligations (Continued)

| | 2013 | 2012 |
|---|--------------|---------------------|
| Bank term loan, collateralized by certain properties and other assets, monthly interest payments at LIBOR plus 3.75 and floor of 1.0 percent (4.75 percent and 5.75 percent at April 30, 2013 and 2012, respectively). Outstanding amounts are due at maturity on | | |
| December I, 2013 | \$ 5,937,500 | <u>\$ 6,687,500</u> |
| Total notes payable | 16,519,155 | 17,791,321 |
| Capital lease obligations | 399,215 | 1,193,158 |
| Total notes payable and capital lease | | |
| obligations | 16,918,370 | 18,984,479 |
| Less current portion | 16,482,129 | 2,053,057 |
| Total long-term portion | \$ 436,241 | \$ 16,931,422 |

The Institute has historically been successful in refinancing its debt and intends to refinance the bank debt. The Institute has begun negotiations and expects to complete a refinancing prior to December 31, 2013.

Minimum principal payments on notes payable and aggregate payments, including estimated interest due on capital lease obligations for the years subsequent to April 30, 2013, are as follows:

| Years Ending April 30 | | <u>N</u> | otes Payable | Cap | pital Leases |
|-----------------------|---|----------|-----------------------|-----|---------------------|
| 2014 2015 | | \$ | 16,082,914 436,241 | \$ | 406,909 <u>-</u> |
| | Subtotal | \$ | 16,519,155 | | 406,909 |
| | Less amount representing interest under capital lease obligations | | | | 7,694 |
| | Total | | | \$ | 399,215 |

Notes to Consolidated Financial Statements April 30, 2013 and 2012

Note 9 - Donor-collateralized Debt

Donor-collateralized debt is comprised of the following for the years ended April 30, 2013 and 2012:

| | 2013 | | 2012 |
|--|-----------------|-----------|-----------|
| Promissory notes A, C, D, F, I, and K interest payable quarterly at an interest rate of 3.50 percent over the LIBOR-based rate through December I, 2014, at which time the principal sum is due to a financial institution, guaranteed by various donors | \$ 2,650,000 | \$ | 2,650,000 |
| Promissory notes B, E, and L, interest payable quarterly at an interest rate of 3.00 percent over the LIBOR-based rate through December I, 2013, at which time the principal sum is due to a financial institution, guaranteed by various donors | 1,550,000 | | 1,550,000 |
| Promissory note J interest payable quarterly at an interest rate of 3.50 percent over the LIBOR-based rate through December I, 2014, at which time the principal sum is due to a financial institution, guaranteed by a donor | 500,000 | | 500,000 |
| Promissory notes G and H, interest payable quarterly at an interest rate of 3.00 over the LIBOR-based rate through December 1, 2013, at which time the principal sum is due to a financial institution, guaranteed by various donors | 1,500,000 | | 1,500,000 |
| | | _ | |
| Subtotal | 6,200,000 | | 6,200,000 |
| Less current portion | 3,050,000 | | 6,200,000 |
| Total long-term portion | \$ 3,150,000 | <u>\$</u> | |

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 bank line of credit, bank term loan, and donor-collateralized promissory notes are subject to certain financial covenants calculated on a quarterly basis. As of April 30, 2013, the Institute was in compliance with debt covenants.

Notes to Consolidated Financial Statements April 30, 2013 and 2012

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 the two contributory, defined contribution money purchase pension plans. The Institute made an annual contribution to one of the plans of \$599,284 and \$1,362,005 for the years ended April 30, 2013 and 2012, 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 do not receive healthcare benefits. Actual cash payments related to the retiree benefit program were \$79,999 and \$76,641 for the years ended April 30, 2013 and 2012, respectively.

Note II - Transactions Under Affiliation Agreements

Consistent with affiliation agreements, funds flow between certain organizations for a variety of programmatic and operating purposes. The following revenue from certain affiliates was recorded by the Institute:

| | 2013 | 2012 |
|-------------------------------------|-----------------|-----------------|
| Revenue received from: | | |
| DMC | \$ 549,477 | \$ 396,695 |
| WSU | 1,055,105 | 1,130,872 |
| UPG | 366,603 | 407,940 |
| Monroe Cancer Center | 672,232 | 568,561 |
| Crittenton Karmanos Health Services | 3,000 | 218,101 |
| Other affiliations | _ | 48,299 |
| Total | \$ 2,646,417 | \$ 2,770,468 |

The Institute provides certain patient services to DMC at amounts which approximate its cost.

During 2013 and 2012, \$2,565,624 and \$4,502,665, respectively, was received from WSU and is included in grants and contracts revenue.

At April 30, 2013 and 2012, net receivables of \$1,422,946 and \$2,462,435, respectively, were due from DMC and WSU. At April 30, 2012, the Institute owed WSU \$1,500,000 for advances received to help with construction projects. There was no balance due at April 30, 2013.

Notes to Consolidated Financial Statements April 30, 2013 and 2012

Note II - 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. The initial term of the services agreement was five years and expired November 30, 2010. The current agreement has been extended on a rolling 180-day period.

The WSU affiliation agreement, as amended, expires September 30, 2014 with an automatic one-year extension unless otherwise terminated by either party with notice prior to September 30 of any year.

Expenses and transfers recorded by the Institute included ancillary and non-ancillary services from DMC, leased facilities from DMC and WSU, and research support consistent with affiliation agreements as follows:

| | 2013 | _ | 2012 |
|------------|-------------------------------|----|-------------------------|
| DMC WSU | \$ 68,556,648 7,099,794 | - | 71,880,975 7,137,373 |
| Total | \$ 75,656,442 | \$ | 79,018,348 |

Affiliation payables included \$16,380,037 and \$2,112,526 for DMC and WSU, respectively, at April 30, 2013 and \$17,427,806 and \$3,517,735 for DMC and WSU, respectively, at April 30, 2012 of amounts owed to affiliates for operating expenses. Noncurrent affiliation payables included \$0 and \$2,323,716 for DMC and WSU, respectively, at April 30, 2013 and \$799,379 and \$3,354,737 for DMC and WSU, respectively, at April 30, 2012.

As noted in Note 19, affiliation receivables and payables of \$58,530 and \$0, respectively, relate to the joint venture in Monroe Cancer Center as of April 30, 2013. Affiliation receivables and payables of \$129,732 and \$41,062, respectively, relate to the joint venture in Monroe Cancer Center as of April 30, 2012.

Note 12 - Commitments and Contingencies

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.

Notes to Consolidated Financial Statements April 30, 2013 and 2012

Note 12 - Commitments and Contingencies (Continued)

In February 2010, the Institute signed a contract revision with Allscripts (formerly Eclipsys) 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. Payments under the contract will aggregate approximately \$54,000,000 through February 2020. Payments for the years ended April 30, 2013 and 2012 were approximately \$5,872,000 and \$6,343,000, respectively. At April 30, 2013, the remaining commitment under the contract was approximately \$39,675,000 excluding annual inflation. The patient financial management system was implemented December 1, 2011.

Note 13 - Medical Malpractice Claims

The Institute, from time to time, is subject to claims and suits arising in the normal course of its operations. In the opinion of management, resolution of these claims and suits will not have a material effect on the consolidated financial statements of the Institute.

The Institute is insured against medical malpractice claims under a claims-based policy, whereby only the claims reported to the insurance carrier during the policy period are covered regardless of when the incident giving rise to the claim occurred.

Should the claims-made policy not be renewed, claims based on the occurrences during the claims-made term, but reported subsequently, may be uninsured. The Institute has the option to purchase tail coverage to 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, 2013 and 2012

Note 14 - Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes or periods at April 30, 2013 and 2012:

| | 2013 | 2012 |
|---|------------------|------------------|
| Specific program activities: | | |
| Research | \$ 10,595,541 | \$ 10,534,323 |
| Clinical and outreach programs | 3,378,701 | 5,575,887 |
| Facilities | 2,274,237 | 787,474 |
| Research, clinical and outreach programs, and | | |
| facilities for periods after April 30 | 14,370,952 | 14,526,424 |
| Total temporarily restricted net assets | \$ 30,619,431 | \$ 31,424,108 |

Permanently restricted net assets at April 30, 2013 and 2012, as comprised below, are restricted to investments in perpetuity, the income from which is to be expended for the respective purposes below:

| | 2013 | | 2012 |
|---|------------------|----|------------|
| Specific program activities: | | | |
| Research | \$ 13,116,672 | \$ | 13,109,490 |
| Clinical and outreach programs | 213,120 | | 183,788 |
| Facilities | 1,505,354 | _ | 1,503,719 |
| Total permanently restricted net assets | \$ 14,835,146 | \$ | 14,796,997 |

During 2012, the Institute received consent from an original donor to borrow \$236,000 from one of the permanently restricted endowment funds for a temporarily restricted fund project. The amounts are being repaid into the endowment fund as other donor pledge payments are being made. As of April 30, 2013, \$215,000 had been repaid into the endowment fund.

Note 15 - Other Revenue

The detail of other revenue is shown below:

| | 2013 | | 2012 |
|---|------|-------------------------|-------------------------------|
| Donor contributions and fundraising events Grants and contracts | \$ | 3,827,726 16,047,534 | \$ 2,533,604 17,795,672 |
| Affiliation revenue | | 2,646,417 450,607 | 2,770,468 211,564 |
| United Way contributions Other | _ | 3,050,402 | 1,962,561 |
| Total other revenue | \$ | 26,022,686 | \$ 25,273,869 |

Notes to Consolidated Financial Statements April 30, 2013 and 2012

Note 16 - Functional Expenses

Most expenses have been charged to the various programs and management and general on an actual basis. Other expenses have been allocated using compensation costs as an allocation base. Although the method of allocation used is considered appropriate, other methods could be used that would produce different amounts. Expenses related to providing these services for the years ended April 30, 2013 and 2012 are as follows:

| | 2013 | 2012 |
|--------------------------------|----------------|----------------|
| Research | \$ 11,898,551 | \$ 15,277,939 |
| Clinical and outreach programs | 212,268,772 | 214,329,681 |
| Management and general | 23,747,054 | 26,543,488 |
| Fundraising | 4,288,233 | 3,818,306 |
| Total | \$ 252,202,610 | \$ 259,969,414 |

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 \$6,928,383 and \$6,283,819 for the years ended April 30, 2013 and 2012, 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:

| Years Ending April 30 | _ | Amount |
|-----------------------|-------|---------------|
| 2014 | | \$ 7,052,581 |
| 2015 | | 5,875,819 |
| 2016 | | 3,330,253 |
| 2017 | | 2,515,366 |
| 2018 | | 2,164,086 |
| Thereafter | | 1,885,153 |
| | Total | \$ 22,823,258 |

Notes to Consolidated Financial Statements April 30, 2013 and 2012

Note 18 - Imaging Technology Development

In 1999, the Institute began to develop a proprietary apparatus for high resolution detection and characterization of medical pathologies, which is a new imaging and characterization device. The Institute has received U.S. patent protection to cover the intellectual value developed as a result of this project. A first prototype has been built and a second is under performance testing. Since 1999, \$18,631,674 has been expended on the project.

Of the total amount expended by the Institute on the project, \$6,490,000 was borrowed from a financial institution 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.

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 was reported in net gain on business ventures in the consolidated statement of operations as of April 30, 2011. The Institute was the owner of 25.7 percent of the voting stock and has accounted for its investment in Delphinus Inc. under the equity method. Effective April 12, 2012, Delphinus Inc. received additional financing, primarily from its preferred stockholders, which resulted in a dilution of the Institute's ownership to 20.9 percent. The Institute's ownership interest in Delphinus Inc. was transferred to Delphinus Investment Inc., a wholly owned subsidiary, in May 2011. Included in the consolidated statement of operations is the Institute's share of the net losses through April 30, 2013 and 2012 of \$923,124 and \$1,397,444, respectively.

The summary of financial position and results of operations of Delphinus Medical Technologies, Inc. as of December 31, 2012 and 2011 is as follows:

| | | 2012 | | | | |
|----------------------|-----------|-----------|----|-----------|--|--|
| Total assets | \$ | 2,015,153 | \$ | 2,547,639 | | |
| Total liabilities | | 2,731,954 | | 508,738 | | |
| Stockholders' equity | | (716,801) | | 2,038,901 | | |
| Total revenue | <u>\$</u> | 2,873 | \$ | | | |
| Total expenses | \$ | 5,141,965 | \$ | 4,362,314 | | |

Notes to Consolidated Financial Statements April 30, 2013 and 2012

Note 19 - Joint Ventures

Crittenton

In 2006, the Institute entered into a joint venture with Crittenton Hospital Medical Center (Crittenton) for the purpose of owning and operating a joint radiation oncology program. In 2010, services were expanded to include other cancer-related patient care at a newly constructed facility in Rochester Hills. In consideration of the original membership interest, the Institute entered into a promissory note agreement with the other member of the joint venture in the amount of \$2,525,000.

In June 2011, the two members signed a letter of intent for the Institute to sell its membership interest back to Crittenton and the sale was effective June 30, 2011. As a result of this transaction, the promissory note was reduced to approximately \$582,000. See Note 8.

While still a member of the joint venture, the Institute had a joint and several guaranteed obligation for the mortgage loan through the bank. Crittenton refinanced the loan in November 2012 and released the Institute of its obligation under the new financing documents.

Monroe

Effective October 2009, the Institute entered into a joint venture with two other facilities for the purpose of owning and operating a radiation oncology program in Monroe, Michigan. The three organizations are equal members in the not-for-profit, non-stock corporation. The two other organizations made cash contributions for their membership and the Institute has provided the Certificate of Need for the radiation oncology equipment. The joint venture is leasing space for the operations in a facility owned by one of the other members. The facility became operational in June 2011. There was \$58,530 and \$129,732 as of April 30, 2013 and 2012, respectively, included in affiliation receivables due from the joint venture to reimburse the Institute for organization costs. Additionally, there was \$0 and \$41,062 as of April 30, 2013 and 2012, respectively, included in affiliation payables due to the joint venture.

The summary of financial position and results of operations of the joint venture in Monroe as of December 31, 2012 and 2011 is as follows: total assets were \$2,259,164 and \$2,704,364, total liabilities were \$265,808 and \$468,675, net assets totaled \$1,993,356 and \$2,235,689, revenue totaled \$2,147,077 and \$1,420,613, and expense totaled \$2,389,409 and \$1,315,953, respectively.

Notes to Consolidated Financial Statements April 30, 2013 and 2012

Note 20 - Fair Value of Financial Instruments

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

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

Investments - Fair values, which are the amounts reported in the consolidated balance sheet, are determined based on the level of input as described in Note 6.

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

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

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.

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 instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Institute in a manner consistent with the standard of prudence prescribed by the Uniform Prudent Management of Institutional Funds Act (UPMIFA).

Notes to Consolidated Financial Statements April 30, 2013 and 2012

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

The Institute considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- (I) The duration and preservation of the fund
- (2) The purposes of the Institute and the donor-restricted endowment fund
- (3) General economic conditions
- (4) The possible effect of inflation and deflation
- (5) The expected total return from income and the appreciation of investments
- (6) Other resources of the Institute
- (7) The investment policies of the Institute

Endowment Net Asset Composition by Type of Fund as of April 30, 2013

| | Temporarily Restricted | | | Permanently Restricted | Total | | |
|----------------------------------|---------------------------|--|----|---------------------------|------------------|--|--|
| Donor-restricted endowment funds | \$ 3,919,113 | | \$ | 14,835,146 | \$ 18,754,259 | | |

Changes in Endowment Net Assets for the Fiscal Year Ended April 30, 2013

| | Temporarily Restricted | | | • • • | | | |
|--|---------------------------|-----------|----|-----------------|-----------|---------------------|--|
| Endowment net assets - Beginning of year | \$ | 2,926,195 | \$ | 14,796,997 | \$ | 17,723,192 | |
| Net appreciation (realized and unrealized) | | 1,853,428 | | _ | | 1,853,428 | |
| Contributions Other changes - Equity transfers | | (860,510) | | 31,220 6,929 | | 31,220 (853,581) | |
| Endowment net assets - End of year | \$ | 3,919,113 | \$ | 14,835,146 | <u>\$</u> | 18,754,259 | |

Endowment Net Asset Composition by Type of Fund as of April 30, 2012

| | Temporarily Restricted | | Permanently Restricted | Total |
|----------------------------------|---------------------------|--|---------------------------|------------------|
| Donor-restricted endowment funds | \$ 2,926,195 | | \$ 14,796,997 | \$ 17,723,192 |

Notes to Consolidated Financial Statements April 30, 2013 and 2012

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

Changes in Endowment Net Assets for the Fiscal Year Ended April 30, 2012

| | Temporarily Restricted | | | Permanently Restricted | Total | | |
|--|---------------------------|-----------|-----------|---------------------------|-----------|------------------------|--|
| Endowment net assets - Beginning of year | \$ | 4,491,263 | \$ | 14,462,480 | \$ | 18,953,743 | |
| Net depreciation (realized and unrealized) | | (804,946) | | _ | | (804,946) | |
| Contributions Other changes - Equity transfers | | (760,122) | | 763,483 (428,966) | | 763,483 (1,189,088) | |
| Endowment net assets - End of year | \$ | 2,926,195 | <u>\$</u> | 14,796,997 | <u>\$</u> | 17,723,192 | |

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 UPMIFA requires the Institute to retain as a fund of perpetual duration. In accordance with generally accepted accounting principles (GAAP), deficiencies of this nature that are reported in unrestricted net assets were \$123,166 and \$167,478 as of April 30, 2013 and 2012, 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 directors.

Return Objectives and Risk Parameters

The Institute has adopted investment and spending policies for endowment assets and their investment returns that attempt to provide funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Institute must hold in perpetuity or for a donor-specified period. Under this policy, as approved by the board of directors, the endowment assets are invested in a manner that is intended to meet fiduciary requirements, follows a stated spending policy, and strives to expand the purchasing power while tolerating the risk of interim fluctuations in the market value. The Institute expects its endowment funds, over time, to provide an average rate of return of approximately 7 percent annually. Actual returns in any given year may vary from this amount.

Notes to Consolidated Financial Statements April 30, 2013 and 2012

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

Strategies Employed for Achieving Objectives

To satisfy its long-term rate-of-return objectives, the Institute relies on a total return strategy in which investment returns 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.

Note 22 - The American Recovery and Reinvestment Act of 2009

The American Recovery and Reinvestment Act of 2009 (AARA) established funding in order to provide incentive payments to hospitals and physicians that implement the use of electronic health record technology (EHR) by 2014. The Institute may receive an incentive payment for up to four years, provided the Institute demonstrates meaningful use of certified EHR technology during the EHR reporting period. Criteria for demonstrating meaningful use is established by the Centers of Medicare and Medicaid Services (CMS) using a phased approach defining meaningful use through three stages. Stage One has been defined and is applicable to the federal fiscal year 2012 payments. For Medicare, the incentive payments are based on estimated total hospital discharges and days, Medicare days, and total hospital charges less charity care.

During 2012, the Institute attested to Medicaid that it had met the first stage of meaningful use criteria for the first year EHR reporting period. The Institute received \$736,000 in EHR funds in 2012 for Medicaid. As such, the incentive payments were recognized as income within operating revenue for fiscal year 2012. During 2013, the Institute received \$507,642 and \$804,041 in EHR funds for Medicaid and Medicare, respectively. As such, the incentive payments were recognized as income within operating revenue for fiscal year 2013.

Notes to Consolidated Financial Statements April 30, 2013 and 2012

Note 22 - The American Recovery and Reinvestment Act of 2009 (Continued)

Retroactively calculated adjustments to the incentive payments recorded may occur as incentive payments are based on management's best estimates and the amounts are subject to change until final settlement occurs on related Medicare cost reports. Changes to incentive payment revenue will be recorded within operating income in the period in which the adjustments occur.

Management believes that it is in compliance with all applicable meaningful use criteria as attested. Final determination of the Institute attestation is subject to audit by the federal government or its designee.

Note 23 - Subsequent Events

Subsequent to April 30, 2013, the Institute entered into capital lease agreements for medical equipment. The leases are 60 months in length and begin after the delivery and acceptance certificates are signed. Total cost for the equipment is approximately \$2.2 million with monthly payments of approximately \$39,500.

Additionally, the Institute has signed a capital lease proposal with an equipment financing company for approximately \$3.6 million for medical equipment. The lease terms include payments of approximately \$57,000 per month for 72 months. The effective date commences when the delivery and acceptance certificate is signed which is not expected until the fourth quarter of 2013.

The Institute has also agreed upon the fair market value buyout of an existing operating lease with the same vendor. The operating lease expires January 2015 at which time the Institute can convert to a capital lease for 24 months at approximately \$36,000 per month.

Additional Information

Consolidating Balance Sheet April 30, 2013

| | Ca | Karmanos ancer Institute | c | Karmanos ancer Center | | Delphinus estment Inc | | Total |
|--|--------------|-----------------------------|----------|--------------------------|--------------|--------------------------|-------------|-------------------------|
| Assets | | | | | | _ | | |
| Current Assets | | | | | | | | |
| Cash and cash equivalents | \$ | 2,805,252 | \$ | 10,632,068 | \$ | - | \$ | 13,437,320 |
| Short-term investments | | 9,083,734 | | - | | - | | 9,083,734 |
| Patient service receivables - Net Contributions receivable | | 5,528 2,805,799 | | 17,503,542 | | - | | 17,509,070 2,805,799 |
| Affiliation receivables | | 637,438 | | 844,038 | | - | | 1,481,476 |
| Donor pledges collateralizing debt | | 3,050,000 | | - | | - | | 3,050,000 |
| Other receivables | | 1,030,690 | | 3,946,321 | | - | | 4,977,011 |
| Prepaid expenses and other Inventory | | 1,622,997 5,083 | | 1,169,870 2,497,103 | | - | | 2,792,867 2,502,186 |
| • | _ | | | | | | _ | |
| Total current assets | | 21,046,521 | | 36,592,942 | | - | | 57,639,463 |
| Investments | | 23,330,349 | | 226,031 | | - | | 23,556,380 |
| Land, Buildings, and Equipment - Net | | 6,476,170 | | 26,759,459 | | - | | 33,235,629 |
| Intercompany Receivables | | (33,843,851) | | 33,843,851 | | = | | - |
| Contributions Receivable - Net of current portion | | 11,679,095 | | - | | = | | 11,679,095 |
| Donor Pledges Collateralizing Debt - Net of current portion | | 3,150,000 | | - | | - | | 3,150,000 |
| Other Noncurrent Assets | | - | | 748,570 | | 582,547 | | 1,331,117 |
| Total assets | \$ | 31,838,284 | \$ | 98,170,853 | \$ | 582,547 | \$ | 130,591,684 |
| Liabilities and Net Assets | | | | | | | | |
| Current Liabilities | | | | | | | | |
| Current portion of notes payable and lease obligations | \$ | - | \$ | 16,482,129 | \$ | - | \$ | 16,482,129 |
| Current portion of donor-collateralized debt | | 3,050,000 | | - | | - | | 3,050,000 |
| Accounts payable and accrued expenses Accrued payroll | | 6,299,164 4,842,204 | | 9,646,978 2,658,077 | | - | | 15,946,142 7,500,281 |
| Affiliation payable | | 1,866,359 | | 16,626,204 | | - | | 18,492,563 |
| Estimated third-party payor settlements | | - | | 8,913,321 | | - | | 8,913,321 |
| Other current liabilities | _ | 2,564,194 | _ | 1,912,646 | | | | 4,476,840 |
| Total current liabilities | | 18,621,921 | | 56,239,355 | | - | | 74,861,276 |
| Long-term Notes Payable and Lease Obligations - Net | | | | | | | | |
| of current portion | | - | | 436,241 | | - | | 436,241 |
| Donor-collateralized Debt - Net of current portion | | 3,150,000 | | - | | = | | 3,150,000 |
| Long-term Affiliation Payable - Net of current portion | | 2,323,716 | | - | | - | | 2,323,716 |
| Other Liabilities | _ | 503,132 | | 784,262 | | | _ | 1,287,394 |
| Total liabilities | | 24,598,769 | | 57,459,858 | | - | | 82,058,627 |
| Net Assets | | /20 007 045 | | 20.207.445 | | 500 547 | | 202.244 |
| Unrestricted Unrestricted - Board designated | | (38,087,963) | | 38,307,660 1,946,236 | | 582,547 | | 802,244 2,276,236 |
| Temporarily restricted | | 30,162,332 | | 457,099 | | - | | 30,619,431 |
| Permanently restricted | | 14,835,146 | | - | | - | | 14,835,146 |
| , Total net assets | | 7,239,515 | | 40,710,995 | | 582,547 | | 48,533,057 |
| | _ | 31,838,284 | _ | 98,170,853 | | 582,547 | | 130,591,684 |
| Total liabilities and net assets | " | 31,030,204 | — | -0,170,033 | * | JUE,J7/ | <u>*</u> | 130,371,004 |

Consolidating Balance Sheet April 30, 2012

| | | Karmanos Karmanos | | | Delphinus | | | |
|--|--------------|------------------------|--------------|-----------------|--------------|-------------|---------|------------------------|
| | Ca | ancer Institute | _C | ancer Center | lnv | estment Inc | | Total |
| Assets | | | | | | | | |
| | | | | | | | | |
| Current Assets | . | 2 021 500 | Φ. | (007 401 | 4 | | 4 | 0.020.000 |
| Cash and cash equivalents Short-term investments | \$ | 2,921,599 9,289,424 | \$ | 6,007,401 | \$ | - | \$ | 8,929,000 9,289,424 |
| Patient service receivables - Net | | 295,620 | | - 20,734,781 | | - | | 21,030,401 |
| Contributions receivable | | 2,844,715 | | 20,734,761 | | _ | | 2,844,715 |
| Affiliation receivables | | 1,514,781 | | 1,077,386 | | _ | | 2,592,167 |
| Donor pledges collateralizing debt | | 6,200,000 | | - | | _ | | 6,200,000 |
| Estimated third-party payor settlements | | - | | 676,154 | | _ | | 676,154 |
| Other receivables | | 864,966 | | 3,608,774 | | _ | | 4,473,740 |
| Prepaid expenses and other | | 1,801,727 | | 1,179,569 | | _ | | 2,981,296 |
| Inventory | | 10,556 | | 2,319,049 | | | | 2,329,605 |
| Total current assets | | 25,743,388 | | 35,603,114 | | - | | 61,346,502 |
| Investments | | 19,020,605 | | 113,018 | | - | | 19,133,623 |
| Land, Buildings, and Equipment - Net | | 7,203,396 | | 24,672,939 | | - | | 31,876,335 |
| Intercompany Receivables | | (25,346,349) | | 25,346,349 | | - | | - |
| Contributions Receivable - Net of current portion | | 11,832,995 | | - | | - | | 11,832,995 |
| Other Noncurrent Assets | | 1,432 | | 755,131 | | 1,505,671 | | 2,262,234 |
| Total assets | \$ | 38,455,467 | \$ | 86,490,551 | \$ | 1,505,671 | \$ | 126,451,689 |
| Liabilities and Net Assets | | | | | | | | |
| Current Liabilities | | | | | | | | |
| Current portion of notes payable and lease obligations | \$ | _ | \$ | 2,053,057 | \$ | _ | \$ | 2,053,057 |
| Current portion of donor-collateralized debt | , | 6,200,000 | • | -,, | • | _ | • | 6,200,000 |
| Accounts payable and accrued expenses | | 8,356,251 | | 11,204,884 | | - | | 19,561,135 |
| Accrued payroll | | 5,129,489 | | 2,598,302 | | _ | | 7,727,791 |
| Affiliation payable | | 3,212,758 | | 17,773,845 | | _ | | 20,986,603 |
| Estimated third-party payor settlements | | - | | 993,369 | | - | | 993,369 |
| Other current liabilities | | 3,421,087 | | 1,041,109 | | - | | 4,462,196 |
| Total current liabilities | | 26,319,585 | | 35,664,566 | | - | | 61,984,151 |
| Long-term Notes Payable and Lease Obligations - Net | | | | | | | | |
| of current portion | | - | | 16,931,422 | | - | | 16,931,422 |
| Long-term Affiliation Payable - Net of current portion | | 3,354,737 | | 799,379 | | - | | 4,154,116 |
| Other Liabilities | _ | 531,442 | | 1,940,571 | | | _ | 2,472,013 |
| Total liabilities | | 30,205,764 | | 55,335,938 | | - | | 85,541,702 |
| Net Assets | | | | | | | | |
| Unrestricted | | (37,454,269) | | 29,901,527 | | 1,505,671 | | (6,047,071) |
| Unrestricted - Board designated | | - | | 735,953 | | - · · · - | | 735,953 |
| Temporarily restricted | | 30,906,975 | | 517,133 | | - | | 31,424,108 |
| Permanently restricted | | 14,796,997 | | - | | - | | 14,796,997 |
| Total net assets | | 8,249,703 | | 31,154,613 | | 1,505,671 | | 40,909,987 |
| | \$ | 38,455,467 | \$ | 86,490,551 | <u> </u> | 1,505,671 | _ \$ | 126,451,689 |
| Total liabilities and net assets | * | 30, .23, 107 | - | | - | | = | |

Consolidating Statement of Operations Year Ended April 30, 2013

| | | Karmanos | | | | |
|--|----|--------------|----------------|-------|-------------|----------------|
| | | Cancer | Karmanos | | elphinus | |
| | _ | Institute | Cancer Center | Inves | tment Inc | Total |
| Unrestricted Revenue, Gains, and Other Support Net patient service revenue - Net of contractual allowances and discounts | \$ | 2,065,981 | \$ 220,557,702 | \$ | - | \$ 222,623,683 |
| Provision for bad debts | _ | (34,193) | (2,672,828) | | - | (2,707,021) |
| Net patient service revenue less provision for bad debts | | 2,031,788 | 217,884,874 | | - | 219,916,662 |
| Other, principally grants and contracts | | 12,423,611 | 13,599,075 | | - | 26,022,686 |
| Net assets released from restrictions | | 10,260,028 | 255,850 | | - | 10,515,878 |
| Total unrestricted revenue, gains, and other support | | 24,715,427 | 231,739,799 | | - | 256,455,226 |
| Expenses | | | | | | |
| Salaries and wages | | 16,718,319 | 57,120,637 | | - | 73,838,956 |
| Employee benefits | | 3,952,503 | 13,352,464 | | - | 17,304,967 |
| Supplies | | 1,567,834 | 6,592,249 | | - | 8,160,083 |
| Pharmaceutical supplies | | 190,312 | 36,279,810 | | - | 36,470,122 |
| Clinical arrangements | | 17,436 | 8,803,834 | | - | 8,821,270 |
| Contracted services | | 12,040,545 | 14,535,306 | | - | 26,575,851 |
| Purchased services - DMC | | 3,718 | 57,441,778 | | - | 57,445,496 |
| Professional fees | | 1,266,506 | 853,564 | | - | 2,120,070 |
| Insurance | | 76,609 | 673,113 | | - | 749,722 |
| Occupancy | | 461,234 | 3,254,755 | | - | 3,715,989 |
| Lease expense | | 1,100,151 | 5,828,232 | | - | 6,928,383 |
| Depreciation and amortization | | 1,794,959 | 4,630,649 | | = | 6,425,608 |
| Provision for nonpatient bad debt expense | | 40,000 | - | | - | 40,000 |
| Interest expense | | 327,820 | 1,110,372 | | = | 1,438,192 |
| Transfers to WSU | | 1,741,530 | (38,164) | | - | 1,703,366 |
| Other | | (601,219) | 1,065,754 | | - | 464,535 |
| Corporate allocation | _ | (16,689,873) | 16,689,873 | | | |
| Total expenses | _ | 24,008,384 | 228,194,226 | | - | 252,202,610 |
| Operating Income | | 707,043 | 3,545,573 | | - | 4,252,616 |
| Other Income (Loss) | | | | | | |
| Change in unrealized gains on investments | | 274,427 | - | | _ | 274,427 |
| Net loss on business ventures | | , - | _ | | (923,124) | (923,124) |
| | _ | 274,427 | | | <u> </u> | |
| Total other income (loss) | _ | | | | (923, 24) | (648,697) |
| Excess of Revenue Over (Under) Expenses | | 981,470 | 3,545,573 | | (923,124) | 3,603,919 |
| Net Assets Released from Restrictions for Capital Acquisitions | | 11,914 | 5,994,357 | | - | 6,006,271 |
| Other Equity Transfers | | (1,297,078) | 76,486 | | | (1,220,592) |
| (Decrease) Increase in Unrestricted Net Assets | \$ | (303,694) | \$ 9,616,416 | \$ | (923,124) | \$ 8,389,598 |

Consolidating Statement of Operations Year Ended April 30, 2012

| Unrestricted Revenue, Gains, and Other Support Net patient service revenue - Net of contractual | Karmanos Cancer Institute | Karmanos Cancer Center | Delphinus Investment Inc | Total |
|---|---------------------------------|---------------------------|-----------------------------|-------------------------|
| allowances and discounts | \$ 2,927,751 | \$ 219,926,336 | \$ - | \$ 222,854,087 |
| Provision for bad debts | (27,692) | (2,552,413) | | (2,580,105) |
| Net patient service revenue less provision for bad debts | 2,900,059 | 217,373,923 | - | 220,273,982 |
| Other, principally grants and contracts | 11,276,000 | 13,997,869 | - | 25,273,869 |
| Net assets released from restrictions | 12,207,785 | 448,273 | = | 12,656,058 |
| Total unrestricted revenue, gains, and other support | 26,383,844 | 231,820,065 | - | 258,203,909 |
| Expenses | | | | |
| Salaries and wages | 17,982,176 | 53,509,704 | - | 71,491,880 |
| Employee benefits | 4,706,543 | 13,673,725 | - | 18,380,268 |
| Supplies Pharmaceutical supplies | 1,611,889 314,578 | 6,385,213 35,276,568 | - | 7,997,102 35,591,146 |
| Clinical arrangements | 12,231 | 8,628,340 | _ | 8,640,571 |
| Contracted services | 10,922,416 | 18,579,499 | _ | 29,501,915 |
| Purchased services - DMC | 1,056 | 60,708,794 | _ | 60,709,850 |
| Professional fees | 1,166,116 | 974,364 | _ | 2,140,480 |
| Insurance | 83,686 | 814,786 | _ | 898,472 |
| Occupancy | 668,614 | 3,140,256 | - | 3,808,870 |
| Lease expense | 1,106,976 | 5,176,843 | - | 6,283,819 |
| Depreciation and amortization | 1,806,380 | 4,124,394 | - | 5,930,774 |
| Provision for nonpatient bad debt expense | - | 291,534 | - | 291,534 |
| Interest expense | 287,204 | 1,414,792 | - | 1,701,996 |
| Transfers to WSU | 2,002,386 | 203,080 | - | 2,205,466 |
| Other | 3,126,921 | 1,268,350 | - | 4,395,271 |
| Corporate allocation | (15,841,722) | 15,841,722 | | |
| Total expenses | 29,957,450 | 230,011,964 | | 259,969,414 |
| Operating (Loss) Income | (3,573,606) | 1,808,101 | - | (1,765,505) |
| Other Loss Change in unrealized losses on investments Impairment and write-off of property and | (1,664,093) | - | - | (1,664,093) |
| equipment | _ | (239,315) | _ | (239,315) |
| Net loss on business ventures | | | (1,397,444) | (1,397,444) |
| Total other loss | (1,664,093) | (239,315) | (1,397,444) | (3,300,852) |
| Excess of Revenue (Under) Over Expenses | (5,237,699) | 1,568,786 | (1,397,444) | (5,066,357) |
| Net Assets Released from Restrictions for Capital Acquisitions | 59,705 | 4,744,084 | - | 4,803,789 |
| Other Equity Transfers | (2,431,204) | | 2,903,115 | 471,911 |
| (Decrease) Increase in Unrestricted Net Assets | \$ (7,609,198) | \$ 6,312,870 | \$ 1,505,671 | \$ 209,343 |

Consolidating Statement of Cash Flows Year Ended April 30, 2013

| | Karmanos Cancer Institute | | Karmanos Cancer Center | | Delphinus Investment Inc | | Total |
|---|------------------------------|----------------------|---------------------------|-------------|-----------------------------|-----------|------------------------------|
| Cash Flows from Operating Activities | | | | | | | |
| (Decrease) increase in net assets | \$ | (1,010,188) | \$ | 9,556,382 | \$ | (923,124) | \$ 7,623,070 |
| Adjustments to reconcile (decrease) increase in net | | | | | | | |
| assets to net cash from operating activities | | | | | | | |
| Depreciation and amortization | | 1,794,959 | | 4,630,649 | | - | 6,425,608 |
| Donated stock | | (1,181,824) | | _ | | - | (1,181,824) |
| Realized gains on investments | | (709,482) | | _ | | - | (709,482) |
| Unrealized gains on investments | | (274,427) | | _ | | - | (274,427) |
| Net loss on disposal of furniture and | | | | | | | |
| equipment | | 26,364 | | _ | | - | 26,364 |
| Provision for bad debt | | 74,193 | | 2,672,828 | | - | 2,747,021 |
| Change in the present value of contributions | | | | | | | |
| receivable | | (556,636) | | - | | - | (556,636) |
| Patient service receivables | | 215,899 | | 558,411 | | - | 774,310 |
| Affiliation receivables | | 877,343 | | 233,348 | | - | 1,110,691 |
| Estimated third-party payor settlements - | | | | | | | |
| Net | | - | | 8,596,106 | | - | 8,596,106 |
| Contributions receivable | | 749,452 | | - | | - | 749,452 |
| Other current assets | | 8,515,981 | | (9,003,404) | | _ | (487,423) |
| Other noncurrent assets | | 1,432 | | 6,561 | | 923,124 | 931,117 |
| Accounts payable and accrued expenses | | (2,057,087) | | (1,557,906) | | - | (3,614,993) |
| Affiliation payables | | (2,377,420) | | (1,947,020) | | - | (4,324,440) |
| Accrued payroll and other current liabilities | | (1,144,178) | | 931,312 | | - | (212,866) |
| Other noncurrent liabilities | | (28,310) | | (1,156,309) | | _ | (1,184,619) |
| Net cash provided by | | | | | | | |
| operating activities | | 2,916,071 | | 13,520,958 | | - | 16,437,029 |
| Cash Flows from Investing Activities | | | | | | | |
| Purchase of property and equipment | | (1,094,097) | | (6,717,169) | | _ | (7,811,266) |
| Purchase of investments | | (22,853,411) | | (113,013) | | _ | (22,966,424) |
| Proceeds from sale of maturities of investments | | 20,915,090 | | - , | | - | 20,915,090 |
| | | · · · · | _ | | _ | | |
| Net cash used in investing activities | | (3,032,418) | | (6,830,182) | | - | (9,862,600) |
| Cash Flows from Financing Activities | | | | | | | |
| Principal payment on long-term debt | | - | | (2,066,109) | | - | (2,066,109) |
| Net cash used in financing activities | | _ | | (2,066,109) | | _ | (2,066,109) |
| deliviles | | | | | _ | | |
| Net (Decrease) Increase in Cash and Cash | | /114 3470 | | 4,624,667 | | | 4,508,320 |
| Equivalents | | (116,347) | | | | - | |
| Cash and Cash Equivalents - Beginning of year | | 2,921,599 | _ | 6,007,401 | _ | | 8,929,000 |
| Cash and Cash Equivalents - End of year | <u>\$</u> | 2,805,252 | <u>\$</u> | 10,632,068 | <u>\$</u> | - | \$ 13,437,320 |
| Supplemental Disclosure of Cash Flow Information Cash paid for interest Donated stock in payment of contribution receivable | \$ | 295,856 1,181,824 | \$ | 1,113,721 | \$ | - - | \$ 1,409,577 1,181,824 |
| = :: | | .,, | | | | | .,, |

Consolidating Statement of Cash Flows Year Ended April 30, 2012

| | Karmanos Cancer Institute | | Karmanos Cancer Center | | Delphinus Investment Inc | | | Total |
|---|------------------------------|--------------|---------------------------|-------------|-----------------------------|---------------|----------|--------------|
| Cash Flows from Operating Activities | | | | | | | | |
| (Decrease) increase in net assets | \$ | (11,021,497) | \$ | 5,288,131 | \$ | 1,505,671 | \$ | (4,227,695) |
| Adjustments to reconcile (decrease) increase in net | | | | | | | | |
| assets to net cash from operating activities | | | | | | | | |
| Depreciation and amortization | | 1,806,380 | | 4,124,394 | | - | | 5,930,774 |
| Impairment and write-off of property and | | | | | | | | |
| equipment | | _ | | 239,315 | | _ | | 239,315 |
| Donated stock | | (1,091,730) | | · <u>-</u> | | _ | | (1,091,730) |
| Realized gains on investments | | (732,360) | | _ | | _ | | (732,360) |
| Unrealized losses on investments | | 1,664,093 | | _ | | _ | | 1,664,093 |
| Net loss on disposal of furniture and | | .,, | | | | | | .,, |
| equipment | | 1,105 | | _ | | _ | | 1,105 |
| Provision for bad debt | | 27,692 | | 2,552,413 | | _ | | 2,580,105 |
| Change in the present value of contributions | | 27,072 | | 2,332,113 | | | | 2,500,105 |
| receivable | | 781,758 | | _ | | _ | | 781,758 |
| Patient service receivables | | 365,162 | | (7,968,273) | | _ | | (7,603,111) |
| Affiliation receivables | | 199,010 | | 188,394 | | - | | 387,404 |
| Estimated third-party payor settlements - | | 177,010 | | 100,377 | | - | | 307,700 |
| Net | | | | 5,799,174 | | | | 5,799,174 |
| Contributions receivable | | - 535,469 | | 3,777,174 | | - | | |
| | | | | /0 000 373\ | | - | | 535,469 |
| Other current assets | | 7,657,154 | | (8,008,372) | | - (1.505.471) | | (351,218) |
| Other noncurrent assets | | 3,006,073 | | (9,291) | | (1,505,671) | | 1,491,111 |
| Accounts payable and accrued expenses | | (524,659) | | 1,974,139 | | = | | 1,449,480 |
| Affiliation payables | | 746,738 | | 1,559,359 | | - | | 2,306,097 |
| Accrued payroll and other current liabilities | | 154,241 | | 657,523 | | - | | 811,764 |
| Other noncurrent liabilities | | (29,896) | _ | 1,010,571 | _ | | | 980,675 |
| Net cash provided by operating | | | | | | | | |
| activities | | 3,544,733 | | 7,407,477 | | - | | 10,952,210 |
| Cash Flows from Investing Activities | | | | | | | | |
| Purchase of property and equipment | | (1,175,018) | | (6,708,675) | | - | | (7,883,693) |
| Proceeds from sale of property and equipment | | = | | 43,895 | | - | | 43,895 |
| Purchase of investments | | (28,973,923) | | - | | - | | (28,973,923) |
| Proceeds from sale of maturities of investments | | 17,863,599 | _ | | _ | - | _ | 17,863,599 |
| Net cash used in investing activities | | (12,285,342) | | (6,664,780) | | - | | (18,950,122) |
| Cash Flows from Financing Activities | | | | | | | | |
| Notes payable borrowings | | _ | | 1,485,979 | | _ | | 1,485,979 |
| Principal payment on long-term debt | | (130,805) | | (2,862,955) | | | | (2,993,760) |
| Net cash used in financing activities | _ | (130,805) | _ | (1,376,976) | | | | (1,507,781) |
| Net Decrease in Cash and Cash Equivalents | | (8,871,414) | | (634,279) | | - | | (9,505,693) |
| Cash and Cash Equivalents - Beginning of year | | 11,793,013 | | 6,641,680 | | - | | 18,434,693 |
| Cash and Cash Equivalents - End of year | \$ | 2,921,599 | - | 6,007,401 | - | _ | <u> </u> | 8,929,000 |
| • | - | | - | | _ | | - | |
| Supplemental Cash Flow Information | | | _ | | | | _ | |
| Cash paid for interest | \$ | 278,888 | \$ | 1,287,398 | | - | \$ | 1,566,286 |
| Donated stock in payment of contribution receivable | | 1,091,730 | | - | | - | | 1,091,730 |