Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047
2013
Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 05/01 , 2013, and ending 04/30 , 20 14

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization BARBARA ANN KARMANOS CANCER HOSPITAL
Doing Business As
Number and street (or P O box if mail is not delivered to street address) 4100 John R
Room/suite
City or town, state or province, country, and ZIP or foreign postal code Detroit, MI, 48201-2013

D Employer identification number 20-1649466
E Telephone number 800-527-6266
G Gross receipts $ 237,308,933

F Name and address of principal officer Gerold Bepler MD
4100 John R, Detroit, MI 48201-2013

H(a) Is this a group return for subordinates? ☐ Yes ☑ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.karmanos.org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶
L Year of formation 2004
M State of legal domicile MI

Part I Summary

Activities & Governance

1 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.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	1,138
6	Total number of volunteers (estimate if necessary)	6	114
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	252,606	8,150
	9	Program service revenue (Part VIII, line 2g)	659,789,642	237,031,526
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,545	17,816
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,514,610	251,441
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	661,560,403	237,308,933
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	209,185	187,125
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	70,473,100	73,570,556
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	587,371,083	158,031,136
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	658,053,368	231,788,817
	19	Revenue less expenses Subtract line 18 from line 12	3,507,035	5,520,116
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	98,170,852	102,821,168
	21	Total liabilities (Part X, line 26)	57,459,857	53,570,310
	22	Net assets or fund balances. Subtract line 21 from line 20	40,710,995	49,250,858

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Part II Signature Block

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

Sign Here
▶ Pamela A Mollan
Signature of officer
Date 3/13/15
▶ Pam Mollan, Controller Interim CFO
Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no	

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

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

The Barbara Ann Karmanos Cancer Hospital is dedicated to the delivery of cancer care services, the treatment and care of cancer patients and the prevention of cancer. Additionally, Karmanos promotes, encourages, aids and performs scientific investigations and research addressing the cause, treatment and prevention of cancer. Essential cancer medical services are provided to the community.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code:) (Expenses $ 54,232,776 including grants of $ 13,242) (Revenue $ 76,937,334)

Inpatient: Health Care delivery & Management: 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. additionally, Karmanos promotes, encourages, aids and performs scientific investigational and research addressing the cause, treatment and prevention of cancer. Essential cancer medical services are provided to the community. In FY2014, 26,874 patient days, 3,871 discharges for an average length of stay of 6.94 days. In addition, there were 259 bone marrow transplant cases, 1,466 inpatient surgical cases and 2,621 inpatient imaging cases.

4b (Code:) (Expenses $ 140,165,869 including grants of $ 40,703) (Revenue $ 150,338,771)

Ambulatory Services: The Barbara Ann Karmanos Cancer Hospital provided medical services to cancer patients including radiation oncology, chemotherapy, bone marrow transplant, mammography and hematology consultative, diagnostic and treatment services. Essential cancer and medical services are provided to the community. In FY2014, the following outpatient statistics were reported: clinical visits of 62,896; infusion patients of 32,295, imaging procedures of 59,012; pheresis patients of 2,951; inpatient and outpatient radiation oncology procedures of 28,768 and outpatient surgical cases of 2,186.

4c (Code:) (Expenses $ 10,149,928 including grants of $ 133,180) (Revenue $ 9,755,421)

The Barbara Ann Karmanos Cancer Hospital promotes, aids and performs scientific investigations and research addressing the cause, treatments and prevention of cancer. Phase 1 clinic visits of 1,257; Phase 1 Infusion patient visits of 2,497. At FYE14, KCC had 310 active clinical drug trials; 627 patients willing to participate of which 392 were eligible and registered as participants.

4d Other program services (Describe in Schedule O.)
(Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4e Total program service expenses ▶ 204,548,573

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	✓	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	✓	
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		✓
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		✓
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		✓
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		✓
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	✓	
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		✓
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		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	✓	
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		✓
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		✓
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	✓	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	✓	
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		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		✓
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		✓
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		✓
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		✓
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		✓
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		✓
20 a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	✓	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	✓	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		✓
22	Did the organization report more than $5,000 of grants or 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	✓	
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	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		✓
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		✓
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		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		✓
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		✓
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		✓
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		✓
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	✓	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✓
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		✓
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		✓
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	✓	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
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		✓
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		✓
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	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1138			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		✓
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		✓
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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

Check if Schedule O contains a response or note to any line in this Part VI . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . — 1a: 22 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . — 1b: 12			
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		✓
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		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	✓	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6	✓	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	✓	
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	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
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	✓	

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
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	✓	
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	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
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	✓	
13	Did the organization have a written whistleblower policy?	13	✓	
14	Did the organization have a written document retention and destruction policy?	14	✓	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		✓
b	Other officers or key employees of the organization	15b		✓
	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		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other *(explain in Schedule O)*

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶ Pamela A Mollan, (248)304-2920

4100 John R, Detroit, MI 48201-2013

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Charles E Becker Board Member	1 1	✓						0	0	0
Leslie Bowman Board Member	1 0	✓						0	0	0
Armando R Cavazos Board Member	1 1	✓						0	0	0
Ethan Davidson Board Member	1 0	✓						0	0	0
Myron Frasier Board Member	1 0	✓						0	0	0
Shirish Gadgeel Board Member	1 0	✓						0	0	0
Thomas A Goss Vice Chairman	1 0	✓		✓				0	0	0
S Scott Hunter Board Member	1 0	✓						0	0	0
Phil Incarnati Board Member	1.0 46.00	✓						0	0	0
Thomas Kalas Board Member	1 0	✓						0	0	0
Timothy Monahan Chairman	1 1	✓		✓				0	0	0
Valerie Parisi MD Board Member	1 1	✓						0	0	0
W James Prowse Board Member	1 1	✓						0	0	0
Anthony Rusciano Board Member	1 0	✓						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Alan S Schwartz Board Member	1 1	✓						0	0	0
Maureen L Stapleton Board Member	1 0	✓						0	0	0
Jane R Thomas PhD Board Member	1 0	✓						0	0	0
Samuel Thomas Board Member	1 0	✓						0	0	0
Manuel Valdivieso MD Board Member	1 0	✓						0	0	0
George H Yoo MD Chief Medical Director	40 0	✓			✓			0	0	0
Gerold Bepler President	20 20	✓						0	498,649	23,542
Margaret Dimond President	40 0	✓						0	0	0
Sharon L Lukas Chief of Staff / Secretary	0 40			✓				0	119,097	8,197
Michael Grisdela Treasurer	20 20			✓				0	308,544	22,605
Gary Morrison Chief Operating Officer	40 0				✓			0	307,804	19,012
Karen Goldman Senior VP, Cancer Patient Services/CNO	40 0				✓			187,190	0	9,615
Kathleen Carolin Senior VP, Operations	40 0				✓			188,773	0	9,689
Sharon Helmer MD Breast Imaging	40 0					✓		607,608	0	45,284

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Natasha Robinette Radiologist	40 0					✓		527,137	0	50,890
Hussein Aoun Radiologist	40 0					✓		519,092	0	52,292
Alit Amit-Yousif Radiologist	40 0					✓		504,746	0	48,285
Michael Petrich Radiologist	40 0					✓		484,266	0	42,678

	(D)	(E)	(F)
1b Sub-total . . . . . ▶	3,018,812	1,234,094	332,089
c Total from continuation sheets to Part VII, Section A . . . . ▶			
d Total (add lines 1b and 1c) . . . . ▶	3,018,812	1,234,094	332,089

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 113

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts							
1a	Federated campaigns	1a	0				
b	Membership dues	1b	0				
c	Fundraising events	1c	0				
d	Related organizations	1d	0				
e	Government grants (contributions)	1e	0				
f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,150				
g	Noncash contributions included in lines 1a-1f. $		0				
h	**Total.** Add lines 1a–1f ▶			8,150			
Program Service Revenue		Business Code					
2a	Outpatient medical services	621400		144,629,535	144,629,535	0	0
b	Inpatient medical services	622000		76,937,334	76,937,334	0	0
c	Drug clinical studies	900099		9,755,421	9,755,421	0	0
d	Professional medical services	621400		3,317,423	3,317,423	0	0
e	Professional services revenue, related	900099		2,391,813	2,391,813	0	0
f	All other program service revenue			0	0	0	0
g	**Total.** Add lines 2a–2f ▶			237,031,526			
Other Revenue							
3	Investment income (including dividends, interest, and other similar amounts) ▶			17,816	0	0	17,816
4	Income from investment of tax-exempt bond proceeds ▶			0	0	0	0
5	Royalties ▶			0	0	0	0
		(i) Real	(ii) Personal				
6a	Gross rents	18,590	0				
b	Less. rental expenses	0	0				
c	Rental income or (loss)	18,590	0				
d	Net rental income or (loss) ▶			18,590	0	0	18,590
		(i) Securities	(ii) Other				
7a	Gross amount from sales of assets other than inventory	0	0				
b	Less cost or other basis and sales expenses	0	0				
c	Gain or (loss)	0	0				
d	Net gain or (loss) ▶			0	0	0	0
8a	Gross income from fundraising events (not including $ 0 of contributions reported on line 1c). See Part IV, line 18	a	0				
b	Less: direct expenses	b	0				
c	Net income or (loss) from fundraising events ▶			0		0	0
9a	Gross income from gaming activities. See Part IV, line 19	a	0				
b	Less direct expenses	b	0				
c	Net income or (loss) from gaming activities ▶			0	0	0	0
10a	Gross sales of inventory, less returns and allowances	a	0				
b	Less. cost of goods sold	b	0				
c	Net income or (loss) from sales of inventory ▶			0	0	0	0
	Miscellaneous Revenue	Business Code					
11a	Valet parking	900099		118,440	0	0	118,440
b							
c							
d	All other revenue			114,411	0	0	114,411
e	**Total.** Add lines 11a–11d ▶			232,851			
12	**Total revenue.** See instructions ▶			237,308,933	237,031,526	0	269,257

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX . . . . ☑

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0	0		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	187,125	187,125		
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	0	0		
5 Compensation of current officers, directors, trustees, and key employees	421,950	421,950	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	59,595,951	56,967,248	2,628,703	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	494,821	470,327	24,494	0
9 Other employee benefits	9,090,774	8,578,381	512,393	0
10 Payroll taxes	3,967,060	3,784,060	183,000	0
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	224,065	54,680	169,385	0
c Accounting	359,372	150	359,222	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)	83,999,328	70,748,804	13,250,524	0
12 Advertising and promotion	392,379	1,472	390,907	0
13 Office expenses	48,730,710	48,587,696	143,014	0
14 Information technology	7,426,884	0	7,426,884	0
15 Royalties	0	0	0	0
16 Occupancy	5,009,050	4,721,633	287,417	0
17 Travel	141,387	137,025	4,362	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	67,772	64,852	2,920	0
20 Interest	784,887	113,772	671,115	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	4,931,906	4,452,506	479,400	0
23 Insurance	656,087	0	656,087	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.)				
a Bad debt	4,401,537	4,401,537	0	0
b Permits, licenses and memberships	205,291	159,593	45,698	0
c Educ, training prop tax and misc	700,481	695,762	4,719	0
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	231,788,817	204,548,573	27,240,244	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	10,632,068	1	6,814,210
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	2,709,641	3	1,145,142
	4	Accounts receivable, net	19,584,259	4	16,061,117
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	2,497,103	8	3,131,467
	9	Prepaid expenses and deferred charges	1,169,870	9	1,617,879
	10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D — 10a: 62,766,367			
	b	Less: accumulated depreciation — 10b: 32,065,568	26,759,459	10c	30,700,799
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	226,031	13	113,013
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	34,592,421	15	43,237,541
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	98,170,852	16	102,821,168
Liabilities	17	Accounts payable and accrued expenses	39,520,788	17	30,878,074
	18	Grants payable	0	18	0
	19	Deferred revenue	236,437	19	21,375
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	16,918,369	23	21,575,317
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	784,263	25	1,095,544
	26	**Total liabilities.** Add lines 17 through 25	57,459,857	26	53,570,310
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	40,253,898	27	48,981,725
	28	Temporarily restricted net assets	457,097	28	269,133
	29	Permanently restricted net assets	0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	40,710,995	33	49,250,858
	34	Total liabilities and net assets/fund balances	98,170,852	34	102,821,168

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	237,308,933
2	Total expenses (must equal Part IX, column (A), line 25)	2	231,788,817
3	Revenue less expenses Subtract line 2 from line 1	3	5,520,116
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	40,710,995
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	3,019,747
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	49,250,858

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization	Employer identification number
BARBARA ANN KARMANOS CANCER HOSPITAL	20-1649466

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

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

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

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

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

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

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

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

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

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

9 ☐ An organization that normally receives. (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Non-functionally integrated

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

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

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

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of monetary support
				Yes	No	Yes	No	Yes	No	
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2009	**(b)** 2010	**(c)** 2011	**(d)** 2012	**(e)** 2013	**(f)** Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2009	**(b)** 2010	**(c)** 2011	**(d)** 2012	**(e)** 2013	**(f)** Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) . . . 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . 14 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . 15 %

16a **33⅓% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ▶ ☐

b **33⅓% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ▶ ☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ ☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33⅓% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization	Employer identification number
BARBARA ANN KARMANOS CANCER HOSPITAL	20-1649466

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) 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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.

a Revenues included in Form 990, Part VIII, line 1 ▶ $ 0
b Assets included in Form 990, Part X ▶ $ 0

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

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

a ☑ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other ____________

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

			Amount
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	1,544,809		1,544,809
b	Buildings	0	20,523,360	11,913,659	8,609,701
c	Leasehold improvements	0	7,657,488	3,340,172	4,317,316
d	Equipment	0	23,782,407	14,873,918	8,908,489
e	Other	0	9,258,303	1,937,819	7,320,484
Total.	Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				30,700,799

Part VII Investments—Other Securities.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12.)* ▶		

Part VIII Investments—Program Related.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13.)* ▶		

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

(a) Description	(b) Book value
(1) Intercompany receivables	42,824,549
(2) Lease deposits	262,992
(3) Bed licenses	150,000
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	43,237,541

Part X Other Liabilities.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) Retirement 457b	1,095,544
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	1,095,544

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

Part XIII **Supplemental Information.**

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

Schedule D, Part III, Line 4 - Artwork is displayed for patient enjoyment and relaxation.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization: BARBARA ANN KARMANOS CANCER HOSPITAL

Employer identification number: 20 1649466

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	✓	
b	If "Yes," was it a written policy?	1b	✓	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	3a	✓	
	☐ 100% ☐ 150% ☑ 200% ☐ Other ______ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	3b	✓	
	☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other ______ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	✓	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	✓	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	✓	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		✓
6a	Did the organization prepare a community benefit report during the tax year?	6a		✓
b	If "Yes," did the organization make it available to the public?	6b		

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			157,949		157,949	0.08%
b Medicaid (from Worksheet 3, column a)			52,402,443	45,225,234	7,177,209	3.51%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	52,560,392	45,225,234	7,335,158	3.59%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)			4,105,696	2,462,056	1,643,640	0.8%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			187,125		187,125	0.09%
j **Total.** Other Benefits	0	0	4,292,821	2,462,056	1,830,765	0.89%
k **Total.** Add lines 7d and 7j	0	0	56,853,213	47,687,290	9,165,923	4.48%

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**						

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

					Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?			1	✓	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	1,432,303			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.					

Section B. Medicare

					Yes	No
5	Enter total revenue received from Medicare (including DSH and IME)	5	50,707,695			
6	Enter Medicare allowable costs of care relating to payments on line 5	6	55,643,035			
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-4,935,340			
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☑ Cost to charge ratio ☐ Other					

Section C. Collection Practices

			Yes	No
9a	Did the organization have a written debt collection policy during the tax year?	9a	✓	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	✓	

Part IV **Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 1
Name, address, primary website address, and state license number

Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 Barbara Ann Karmanos Cancer Hospital 4100 John R Detroit, MI, 48201	✓			✓						
2										
3										
4										
5										
6										
7										
8										
9										
10										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group Barbara Ann Karmanos Cancer Hospital

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

				Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)					
1		During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	1	✓	
		If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑	A definition of the community served by the hospital facility			
b	☑	Demographics of the community			
c	☑	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			
e	☑	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			
j	☐	Other (describe in Section C)			
2		Indicate the tax year the hospital facility last conducted a CHNA. 20 13			
3		In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	✓	
4		Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	4		✓
5		Did the hospital facility make its CHNA report widely available to the public?	5	✓	
		If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑	Hospital facility's website (list url). www.karmanos.org			
b	☐	Other website (list url).			
c	☐	Available upon request from the hospital facility			
d	☐	Other (describe in Section C)			
6		If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):			
a	☑	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			
e	☑	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			
i	☐	Other (describe in Section C)			
7		Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs	7		✓
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		✓
b		If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
c		If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	✓	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	10	✓	
If "Yes," indicate the FPG family income limit for eligibility for free care. 200 %			
If "No," explain in Section C the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	11	✓	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: 300 %			
If "No," explain in Section C the criteria the hospital facility used.			
12 Explained the basis for calculating amounts charged to patients?	12	✓	
If "Yes," indicate the factors used in determining such amounts (check all that apply).			
a ☑ Income level			
b ☑ Asset level			
c ☑ Medical indigency			
d ☑ Insurance status			
e ☑ Uninsured discount			
f ☑ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Residency			
i ☐ Other (describe in Section C)			
13 Explained the method for applying for financial assistance?	13	✓	
14 Included measures to publicize the policy within the community served by the hospital facility?	14	✓	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a ☐ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☑ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available on request			
g ☐ Other (describe in Section C)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15	✓	
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 individual's eligibility under the facility's FAP:			
a ☑ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
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 individual's eligibility under the facility's FAP?	17	✓	
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a ☑ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☐ Notified individuals of the financial assistance policy prior to discharge
- **c** ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	19		✓

If "No," indicate why:

- **a** ☐ The hospital facility did not provide care for any emergency medical conditions
- **b** ☐ The hospital facility's policy was not in writing
- **c** ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- **d** ☑ Other (describe in Section C)

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

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** ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- **b** ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- **c** ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- **d** ☑ Other (describe in Section C)

		Yes	No
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	21		✓
If "Yes," explain in Section C.			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	22		✓
If "Yes," explain in Section C			

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Schedule H, Part V, Section B, Line 3-Barbara Ann Karmanos Cancer Hospital - 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 survivors 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. Awareness of program services, cultural sensitivity, lack of access to services, and customer service were the four common themes identifies from the key informant interviews.

Schedule H, Part V, Section B, Line 7-Barbara Ann Karmanos Cancer Hospital - 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.

Schedule H, Part V, Section B, Line 19-Barbara Ann Karmanos Cancer Hospital - does not have an emergency room.

Schedule H, Part V, Section B, Line 20-Barbara Ann Karmanos Cancer Hospital - uses Blue Cross/Bue Shield of Michigan rates for these services.

Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 1

Name and address	Type of Facility (describe)
1 Monroe Cancer Center 800 Stewart Rd Monroe, MI, 48162	Outpatient radiation oncology services.
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Schedule H, Part I, Line 7 - Cost to charge ratio.

Schedule H, Part I, Line 7, Column f - Bad debt expense of $4,401,537 was included in Form 990, Part IX, line 25 but subtracted when calculating Sch H, Part I, line 7, col f.

Schedule H, Part III, Section A, Line 4 - Accounts receivable for patients 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 determied to be uncollectible.

Schedule H, Part III, Section B, Line 8 - Shortfall of Medicare cost over Medicare payments of ($4,935,340) should be included as a community benefit. The majority of our Medicare patients are crossover patients with Medicaid as secondary.

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

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.

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.

Schedule H, Part VI, Line 4 - The Barbara Ann Karmanos Cancer Institute and Barbara Ann Karmanos Cancer Hospital (Karmanso) is located in mid-town Detroit, Michigan and is one of only 41 National Cancer Institute-designated comprehensive cancer centers in the United States. Karmanos has been ranked as one of America's Best Hospitals for Patient Experience by WomenCertified in 2011, 2012 and 2014. We are a unique center of research, patient care and education, dedicated to the prevention, early detection, treatment and eventual eradication of cancer. In 2014, Karmanos provided services to 237,988 individuals, representing the 83 counties in Michigan and 46 of the 50 states in the nation.

Part VI- Supplemental Information (Continued)

Schedule H, Part VI, Line 5 - Karmanos Cancer Center Hospital spent over $110,000 by providing transportion to patients to make sure they get to their daily radiation oncology treatments.

Schedule H, Part VI, Line 6 - Karmans Cancer Center Hospital patients, along with the general surrounding population, received health education through community education programs, corporate outreach and third party events. There were 233 community education programs presented on topics regarding breast, prostate, colorectal, cervical and lung cancers, as well as general health and wellness topics.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization: BARBARA ANN KARMANOS CANCER HOSPITAL

Employer identification number: 20-1649466

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations listed in the line 1 table . . . ▶

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 See Schedule I, Part IV, Statement 1					
2					
3					
4					
5					
6					
7					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Schedule I, Part I, Line 2 - Monitor monthly by reviewing the activity and monthly account reconciliations and by comparison to budgets and contracts.

Description of Grants and Other Assistance to Individuals in the United States

		Number of recipients	Amt. of cash grant	Amt. of non-cash asst.
Type of grant	Provide lodging for cancer patients that come from out of town Lodging paid to the following local facilities include Atheneum Hotel, Inn on Ferry Street, Motor City Casino Hotel and Greektown Casino Hotel	295	52,404	0
Method of valuation	Book			
Desc of Non-Cash Asst				
Type of grant	Direct cash assistance provided to patients for treatments	91	41,377	0
Method of valuation	Book			
Desc. of Non-Cash Asst.				
Type of grant	Direct cash assistance for patients for food, travel and parking	146	79,206	0
Method of valuation	Book			
Desc of Non-Cash Asst.				
Type of grant	Direct cash assistance to patients for utilities, mortgages, insurance and other miscellaneous items	24	14,139	0
Method of valuation	Book			
Desc. of Non-Cash Asst				

SCHEDULE J **(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization: BARBARA ANN KARMANOS CANCER HOSPITAL

Employer identification number: 20-1649466

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . .	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? . . .	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment? . . .	**4a**		✓
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . .	**4b**		✓
c	Participate in, or receive payment from, an equity-based compensation arrangement? . . .	**4c**		✓
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization? . . .	**5a**		✓
b	Any related organization? . . .	**5b**		✓
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization? . . .	**6a**		✓
b	Any related organization? . . .	**6b**		✓
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . .	**7**		✓
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . .	**8**		✓
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . .	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported as deferred in prior Form 990
1 Gerold Bepler, President	(i)	0	0	0	0	0	0	0
	(ii)	396,327	100,000	2,322	0	23,542	522,191	0
2 Michael Grisdela, Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	276,318	25,000	7,226	0	22,605	331,149	0
3 Gary Morrison, Chief Operating Officer	(i)	0	0	0	0	0	0	0
	(ii)	304,240	0	3,564	0	19,012	326,816	0
4 Karen Goldman, Senior VP, Cancer Patient Services/CNO	(i)	180,332	0	6,858	0	9,615	196,805	0
	(ii)	0	0	0	0	0	0	0
5 Kathleen Carolin, Senior VP, Operations	(i)	186,451	0	2,322	0	9,689	198,462	0
	(ii)	0	0	0	0	0	0	0
6 Sharon Helmer, MD Breast Imaging	(i)	606,834	0	774	25,450	19,834	652,892	0
	(ii)	0	0	0	0	0	0	0
7 Natasha Robinette, Radiologist	(i)	526,957	0	180	30,950	19,940	578,027	0
	(ii)	0	0	0	0	0	0	0
8 Hussein Aoun, Radiologist	(i)	518,930	0	162	30,950	21,342	571,384	0
	(ii)	0	0	0	0	0	0	0
9 Alit Amit-Yousif, Radiologist	(i)	504,477	0	270	30,950	22,835	558,532	0
	(ii)	0	0	0	0	0	0	0
10 Michael Petrich, Radiologist	(i)	484,104	0	162	30,950	11,728	526,944	0
	(ii)	0	0	0	0	0	0	0
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

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, line 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.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open To Public Inspection

Name of the organization: BARBARA ANN KARMANOS CANCER HOSPITAL

Employer identification number: 20-1649466

Part I **Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

Part II **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total . . . ▶ $												

Part III **Grants or Assistance Benefiting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
(1)	Honigman Miller Schwartz and Cohn LLP	Alan Schwartz	243,790	Partner in firm that provides legal s		✓
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information
Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
BARBARA ANN KARMANOS CANCER HOSPITAL	20-1649466

Form 990, Part VI, Section A, Line 4 - Effective January 1, 2014, McLaren Healthcare Corporation became the sole member of Barbara Ann Karmanos Cancer Institute and Barbara Ann Karmanos Cancer Hospital.

Form 990, Part VI, Section A, Line 6 - The sole member of Barbara Ann Karmanos Cancer Hospital is the Barbara Ann Karmanos Cancer Institute.

Form 990, Part VI, Section A, Line 7a - Barbara Ann Karmanos Cancer Institute, the sole member, has the power to recommend and nominate candidates for the Barbara Ann Karmanos Cancer Hospital Board of Directors. The member may also remove Directors, if desired.

Form 990, Part VI, Section A, Line 7b - Barbara Ann Karmanos Cancer Institute, sole member of Barbara Ann Karmanos Cancer Hospital, has the power to approve any amendment of the Articles of Incorporation of the Corporation and approve any amendment of the Bylaws of the Corporation. The sole member may also approve the merger, consolidation, dissolution, sale or other transfer of substantially all assets of Barbara Ann Karmanos Cancer Hospital, or other change in corporate form.

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. Michael Grisdela resigned from the organization in August 2014. His forwarding address is 4653 DanburyWay, Okemos, MI 48864. Sharon Lukas resigned from the Organization in February 2014. Her forwarding address is 2024 Rosemont, Berkley, MI 48072.

Form 990, Part VI, Section B, Line 11b - A full copy is made available to all board members prior to filing the return.

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

Form 990, Part VI, Section C, Line 19 - The Barbara Ann Karmanos Cancer Hospital governing documents, conflict of interest statements and financial statements are available to the public upon request.

Form 990, Part IX, Line 11g - Service & maintenance contracts $11,156,011, Corporate allocations $4,578,412; Purchased services-DMC & WSU $53,977,000; Contracted arrangements $7,289,146; Laundry services $294,016, Transcription services $1,004,492; Lab & diagnostic services $9,007; Consultant fees $442,086, Clinical trial patient services $5,178,114, Ambulance services $2,288; Other contracted services $68,758

Form 990, Part XI, Line 9 - Release from restriction, according to donor wishes, for capital equipment and projects amounting to $3,019,747. Includes renovation and/or creation of the following departments: Wertz Clinic and Laboratory.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization: BARBARA ANN KARMANOS CANCER HOSPITAL
Employer identification number: 20-1649466

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) PORT HURON HOSPITAL (38-1369611) 1221 PINE GROVE AVENUE, PORT HURON, MI 48060	HOSPITAL	MI	3	3		✓	
(2) PARKVIEW PROPERTY MANAGEMENT CORPORATION (38-24673 PO BOX 5011, PORT HURON, MI 48060	MANAGEMENT CORP	MI	3	11		✓	
(3) PORT HURON HOSPITAL FOUNDATION (38-2777750) PO BOX 5011, PORT HURON, MI 48060	SUPPORTING ORG	MI	3	11		✓	
(4) BLUE WATER HEALTH SERVICES (38-2453295) 1221 PINE GROVE AVENUE, PORT HURON, MI 48060	MANAGEMENT CORP	MI	3	9	N/A	✓	
(5) MCLAREN HEALTH CARE CORPORATION (38-2397643) 401 S BALLENGER HIGHWAY, FLINT, MI 48532	SUPPORTING ORG	MI	3	11	N/A		✓
(6) GREAT LAKES CANCER INSTITUTE (38-3584572) 401 S BALLENGER HIGHWAY, FLINT, MI 48532	CANCER CARE CENTER	MI	3	7		✓	
(7) (Continued on Schedule R, Part VII, Statement 1)							

Part III Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

			Yes	No
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		✓
b	Gift, grant, or capital contribution to related organization(s)	1b	✓	
c	Gift, grant, or capital contribution from related organization(s)	1c	✓	
d	Loans or loan guarantees to or for related organization(s)	1d		✓
e	Loans or loan guarantees by related organization(s)	1e	✓	
f	Dividends from related organization(s)	1f		✓
g	Sale of assets to related organization(s)	1g		✓
h	Purchase of assets from related organization(s)	1h		✓
i	Exchange of assets with related organization(s)	1i		✓
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	✓	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	✓	
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	✓	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	✓	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	✓	
o	Sharing of paid employees with related organization(s)	1o	✓	
p	Reimbursement paid to related organization(s) for expenses	1p	✓	
q	Reimbursement paid by related organization(s) for expenses	1q	✓	
r	Other transfer of cash or property to related organization(s)	1r	✓	
s	Other transfer of cash or property from related organization(s)	1s		✓

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

	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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

Description of Identification of Related Tax-Exempt Organizations

Name and EIN	MCLAREN HEALTH CARE VILLAGE FOUNDATION (26-2693350)
Address	401 S BALLENGER HIGHWAY FLINT, MI 48532
Primary activities	SUPPORTING ORG
State or foreign country	MI
Exempt code section	3
Public charity status	11
Direct controlling entity	
512(b)(13) controlled organization?	Yes
Name and EIN	MCLAREN HOSPITALITY HOUSE (45-5567669)
Address	401 S BALLENGER HIGHWAY FLINT, MI 48532
Primary activities	HOSPITALITY HOUSE
State or foreign country	MI
Exempt code section	3
Public charity status	7
Direct controlling entity	
512(b)(13) controlled organization?	Yes
Name and EIN	MCLAREN REGIONAL MEDICAL CENTER (38-2383119)
Address	401 S BALLENGER HIGHWAY FLINT, MI 48532
Primary activities	HOSPITAL
State or foreign country	MI
Exempt code section	3
Public charity status	3
Direct controlling entity	
512(b)(13) controlled organization?	Yes
Name and EIN	WOMENS HOSPITAL ASSOCIATION OF FLINT (38-1358053)
Address	401 S BALLENGER HIGHWAY FLINT, MI 48532
Primary activities	SUPPORTING ORG
State or foreign country	MI
Exempt code section	3
Public charity status	11
Direct controlling entity	
512(b)(13) controlled organization?	Yes
Name and EIN	LAPEER REGIONAL MEDICAL CENTER (38-2689033)
Address	1375 N MAIN ST LAPEER, MI 48446
Primary activities	HOSPITAL
State or foreign country	MI
Exempt code section	3
Public charity status	3
Direct controlling entity	
512(b)(13) controlled organization?	Yes
Name and EIN	LAPEER REGIONAL MEDICAL CENTER FOUNDATION (38-2689603)
Address	1375 N MAIN ST LAPEER, MI 48446
Primary activities	FOUNDATION
State or foreign country	MI
Exempt code section	3
Public charity status	11
Direct controlling entity	
512(b)(13) controlled organization?	Yes
Name and EIN	INGHAM REGIONAL MEDICAL CENTER (38-1434090)
Address	401 S GREENLAWN AVE

	LANSING, MI 48910
Primary activities	HOSPITAL
State or foreign country	MI
Exempt code section	3
Public charity status	3
Direct controlling entity	
512(b)(13) controlled organization?	Yes
Name and EIN	IGHAM REGIONAL HEALTHCARE FOUNDATION (38-2463637)
Address	401 S GREENLAWN AVE
	LANSING, MI 48910
Primary activities	FOUNDATION
State or foreign country	MI
Exempt code section	3
Public charity status	7
Direct controlling entity	
512(b)(13) controlled organization?	Yes
Name and EIN	BAY REGIONAL MEDICAL CENTER (38-1976271)
Address	1900 COLUMBUS AVE
	BAY CITY, MI 48708
Primary activities	HOSPITAL
State or foreign country	MI
Exempt code section	3
Public charity status	3
Direct controlling entity	
512(b)(13) controlled organization?	Yes
Name and EIN	BAY SPECIAL CARE HOSPITAL (38-3161753)
Address	1900 COLUMBUS AVE
	BAY CITY, MI 48708
Primary activities	HOSPITAL
State or foreign country	MI
Exempt code section	3
Public charity status	3
Direct controlling entity	
512(b)(13) controlled organization?	Yes
Name and EIN	BAY MEDICAL FOUNDATION (38-2156534)
Address	1900 COLUMBUS AVE
	BAY CITY, MI 48708
Primary activities	FOUNDATION
State or foreign country	MI
Exempt code section	3
Public charity status	11
Direct controlling entity	
512(b)(13) controlled organization?	Yes
Name and EIN	MOUNT CLEMENS REGIONAL MEDICAL CENTER (38-1218516)
Address	1000 HARRINGTION
	MOUNT CLEMENS, MI 48043
Primary activities	HOSPITAL
State or foreign country	MI
Exempt code section	3
Public charity status	3
Direct controlling entity	
512(b)(13) controlled organization?	Yes
Name and EIN	MOUNT CLEMENS REGIONAL HEALTHCARE FOUNDATION (38-2578873)
Address	PO BOX 326
	MOUNT CLEMENS, MI 48046
Primary activities	FOUNDATION
State or foreign country	MI
Exempt code section	3
Public charity status	9
Direct controlling entity	

512(b)(13) controlled organization? Yes

Name and EIN	POH REGIONAL MEDICAL CENTER (38-1428164)
Address	50 NORTH PERRY STREET PONTIAC, MI 48342
Primary activities	HOSPITAL
State or foreign country	MI
Exempt code section	3
Public charity status	3
Direct controlling entity	
512(b)(13) controlled organization?	Yes

Name and EIN	POH RILEY FOUNDATION (20-0442217)
Address	50 NORTH PERRY STREET PONTIAC, MI 48342
Primary activities	FOUNDATION
State or foreign country	MI
Exempt code section	3
Public charity status	13
Direct controlling entity	
512(b)(13) controlled organization?	Yes

Name and EIN	CENTRAL MICHIGAN COMMUNITY HOSPITAL (38-1420304)
Address	1221 SOUTH DRIVE MT PLEASANT, MI 48858
Primary activities	HOSPITAL
State or foreign country	MI
Exempt code section	3
Public charity status	3
Direct controlling entity	
512(b)(13) controlled organization?	Yes

Name and EIN	CENTRAL MICHIGAN COMMUNITY HOSPITAL RADIATION ONCOLOGY (30-0312172)
Address	1000 HARRINGTION MT PLEASANT, MI 48858
Primary activities	HOSPITAL
State or foreign country	MI
Exempt code section	3
Public charity status	3
Direct controlling entity	
512(b)(13) controlled organization?	Yes

Name and EIN	MCLAREN MEDICAL MANAGEMENT INC (38-2988086)
Address	401 S BALLENGER HIGHWAY FLINT, MI 48532
Primary activities	MANAGEMENT COMPANY
State or foreign country	MI
Exempt code section	3
Public charity status	11
Direct controlling entity	
512(b)(13) controlled organization?	Yes

Name and EIN	VISITING NURSE SERVICE OF MICHIGAN (38-3491714)
Address	401 S BALLENGER HIGHWAY FLINT, MI 48532
Primary activities	HEALTH CARE SERVICES
State or foreign country	MI
Exempt code section	3
Public charity status	9
Direct controlling entity	
512(b)(13) controlled organization?	Yes

Name and EIN	MCLAREN NORTHERN MICHIGAN (38-2146751)
Address	416 CONNALE AVENUE PETOSKEY, MI 49770
Primary activities	ACUTE CARE HOSPITAL
State or foreign country	MI

Exempt code section	3
Public charity status	3
Direct controlling entity	
512(b)(13) controlled organization?	Yes

Name and EIN	VITALCARE INC (38-2527255)
Address	761 LAFAYETTE AVENUE CHEBOYGAN, MI 49721
Primary activities	HOSPICE CARE/HOME HEALTH SERVICES
State or foreign country	MI
Exempt code section	3
Public charity status	9
Direct controlling entity	
512(b)(13) controlled organization?	Yes

Name and EIN	NORTHERN MICHIGAN REGIONAL HEALTH SYSTEM FOUNDATION (38-2445611)
Address	360 CONNABLE AVENUE PETOSKEY, MI 49770
Primary activities	FUNDRAISING
State or foreign country	MI
Exempt code section	3
Public charity status	11
Direct controlling entity	
512(b)(13) controlled organization?	Yes

Name and EIN	THE CARDIAC INSTITUTE DBA MICHIGAN HEART AND VASCULAR SPECIALISTS (26-2774689)
Address	416 CONNALE AVENUE PETOSKEY, MI 49770
Primary activities	PHYSICIAN PRACTICE
State or foreign country	MI
Exempt code section	3
Public charity status	3
Direct controlling entity	
512(b)(13) controlled organization?	Yes

Name and EIN	NORTHERN MICHIGAN MEDICAL MANAGEMENT (20-8458840)
Address	416 CONNALE AVENUE PETOSKEY, MI 49770
Primary activities	PHYSICIAN PRACTICE
State or foreign country	MI
Exempt code section	3
Public charity status	3
Direct controlling entity	
512(b)(13) controlled organization?	Yes

Name and EIN	NORTHERN MICHIGAN HEMATOLOGY AND ONCOLOGY (21-0020293)
Address	416 CONNALE AVENUE PETOSKEY, MI 49770
Primary activities	PHYSICIAN PRACTICE
State or foreign country	MI
Exempt code section	3
Public charity status	3
Direct controlling entity	
512(b)(13) controlled organization?	Yes

Name and EIN	PETOSKEY COMMUNITY FREE CLINIC (20-3675817)
Address	416 CONNALE AVENUE PETOSKEY, MI 49770
Primary activities	HEALTH SERVICES
State or foreign country	MI
Exempt code section	3
Public charity status	3
Direct controlling entity	
512(b)(13) controlled organization?	Yes

Name and EIN	CHARLEVOIX NURSING HOME CORPORATION (38-3038683)
Address	14676 WEST UPRIGHT

	CHARLEVOIX, MI 49720
Primary activities	SKILLED NURSING FACILITY
State or foreign country	MI
Exempt code section	3
Public charity status	9
Direct controlling entity	
512(b)(13) controlled organization?	Yes
Name and EIN	KARMANOS CANCER INSTITUTE (38-1613280)
Address	4100 JOHN R
	DETROIT, MI 48201
Primary activities	SUPPORTING ORG / PARENT
State or foreign country	MI
Exempt code section	3
Public charity status	7
Direct controlling entity	
512(b)(13) controlled organization?	Yes

BARBARA ANN
KARMANOS
CANCER INSTITUTE

KARMANOS CANCER INSTITUTE
COMBINING FINANCIAL STATEMENTS
(GAAP-Unaudited)
Fiscal Year Ended April 30, 2014

BARBARA ANN

KARMANOS

CANCER INSTITUTE

Preparation of Statements

Financial statements are prepared in accordance to GAAP by the Finance department under the direction of Karmanos Cancer Institute Controller who is a CPA.

Changes in Accounting Policies and Practices

There were no changes to accounting policies and practices during the 2014 fiscal year. All financial statements were prepared, and accounting functions were performed, consistent to that of the prior fiscal year.

KARMANOS CANCER INSTITUTE
COMBINING BALANCE SHEET
APRIL 30, 2014

	KCC	KCI	DII	TOTAL
ASSETS				
CURRENT ASSETS				
Cash and Equivalents (Includes Board Designated of $2,276,236)	6,814,209	17,693,105		24,507,314
Short Term Investments	-	10,219,468		10,219,468
Escrow - Limited Use	-	10,584,675		10,584,675
Receivables, Net	-	-		
Patient Receivables	14,126,447	36,364		14,162,811
Est 3rd Party Settlements	-	-		-
Contributions Receivable, Current	-	2,575,254		2,575,254
Affiliation Receivables	689,071	392,534		1,081,605
Other Receivables	2,390,741	716,535		3,107,276
Intercompany Receivables	42,824,548	(42,824,548)	-	-
Total Receivables, Net	60,030,807	(39,103,861)	-	20,926,946
Prepaid Expense and Other	1,617,880	2,234,000		3,851,880
Inventory	3,131,467	5,631		3,137,098
Donor Pledges Collateralizing Cure	-	-	-	-
Total Current Assets	71,594,363	1,633,018	-	73,227,381
INVESTMENTS				
Undesignated	113,013	(219,432)		(106,419)
Temporarily Restricted	-	7,033,994		7,033,994
Permanently Restricted	-	13,297,568	-	13,297,568
Total Investments	113,013	20,112,130	-	20,225,143
CONTRIBUTIONS RECEIVABLE, NET	-	11,125,951		11,125,951
DONOR PLEDGES COLLATERALIZING LINE OF CREDIT	-	-		-
DONOR PLEDGES COLLATERALIZING CURE	-	4,700,000		4,700,000
PROPERTY AND EQUIPMENT, NET	30,700,799	6,871,565		37,572,364
OTHER NONCURRENT ASSETS	412,992	78,174	338,948	830,114
TOTAL ASSETS	102,821,168	44,520,838	338,948	147,680,954
LIABILITIES AND NET ASSETS				
LIABILITIES				
CURRENT LIABILITIES				
Accounts Payable and Accrued Expenses	6,142,560	9,644,578		15,787,138
Accrued Payroll Liabilities	2,807,736	4,863,761		7,671,497
Estimated 3rd Party Settlements	6,692,134	-		6,692,134
Current Portion, Long Term Debt	2,211,734	2,071,029		4,282,763
Due to Affiliates	13,625,728	1,895,136		15,520,864
Other Current Liabilities	1,631,291	855,413	-	2,486,704
Total Current Liabilities	33,111,183	19,329,917	-	52,441,100
NONCURRENT LIABILITIES				
Long-Term Debt, Less Current Portion	19,363,583	8,245,465		27,609,048
Donor Collateralized LOC	-	-		-
Donor Collateralized CURE	-	4,700,000		4,700,000
Due to Affiliates, Long-term	-	1,282,986		1,282,986
Other Non-Current Liabilities	1,095,544	459,388	-	1,554,932
TOTAL LIABILITIES	53,570,311	34,017,756	-	87,588,067
NET ASSETS				
Unrestricted (Includes Board Designated of $2,276,236)	48,981,724	(30,583,827)	338,948	18,736,845
Temporarily Restricted	269,133	27,722,912	-	27,992,045
Permanently Restricted	-	13,363,997	-	13,363,997
TOTAL NET ASSETS	49,250,857	10,503,082	338,948	60,092,887
TOTAL LIABILITIES AND NET ASSETS	102,821,168	44,520,838	338,948	147,680,954

KARMANOS CANCER INSTITUTE
COMBINING INCOME STATEMENT
TWELVE MONTHS ENDED APRIL 30, 2014

	KCC	KCI	DII	TOTAL
REVENUE				
NET PATIENT SERVICE REVENUE				
Inpatient Revenue	165,402,546	-	-	165,402,546
Contractual Allowance	(88,465,214)	-	-	(88,465,214)
Net IP Patient Service Rev	76,937,332	-	-	76,937,332
	46 5%			
Outpatient Revenue	515,330,249	-	-	515,330,249
Contractual Allowance	(370,692,593)	-	-	(370,692,593)
Net OP Patient Service Rev	144,637,656	-	-	144,637,656
	28%			
Professional Revenue	8,373,900	1,139,808	-	9,513,708
Contractual Allowance	(5,064,599)	(659,351)	-	(5,723,950)
Net Prof Patient Service Rev	3,309,301	480,457	-	3,789,758
	39 5%	42 2%		
Pat Serv Rev (net of contractural Allowances)	224,884,289	480,457	-	225,364,746
Provision for bad debts	(4,401,537)	(31,785)	-	(4,433,322)
Net Pat Serv Rev less provision for bad debts	220,482,752	448,672	-	220,931,424
OTHER REVENUE				
Donor Contributions	-	2,408,210	-	2,408,210
Grants and Contracts	9,755,421	3,512,907	-	13,268,328
Special Events	-	170,706	-	170,706
Affiliation Revenue	2,391,813	556,661	-	2,948,474
United Way Contributions	-	359,703	-	359,703
Investment Income	17,816	96,255	(243,600)	(129,529)
Net Assts Rlsd from Restr	211,614	8,355,693	-	8,567,307
Other Operating Revenue	251,441	1,053,369	-	1,304,810
Total Other Revenue	12,628,105	16,513,504	(243,600)	28,898,009
Total Revenue	233,110,857	16,962,176	(243,600)	249,829,433
EXPENSES				
Salary and Wage Expense	59,978,342	16,137,340	-	76,115,682
Fringe Benefits	13,592,215	3,620,455	-	17,212,670
Supplies, Printing & Postage	7,321,575	1,397,161	-	8,718,736
Drug Supplies	37,509,967	12,396	-	37,522,363
Contract Services	13,726,910	11,064,714	-	24,791,624
Purchased Services-DMC	52,889,647	1,210	-	52,890,857
Clinical Arrangements	7,289,146	22,027	-	7,311,173
Professional Fees	785,692	1,453,941	-	2,239,633
Lease Expense	6,297,539	1,021,190	-	7,318,729
Occupancy	3,264,316	425,486	-	3,689,802
Insurance	711,232	83,196	-	794,428
Depreciation	4,931,907	1,702,546	-	6,634,453
Interest Expense	784,887	299,904	-	1,084,791
Bad Debt Expense	-	-	-	-
Other Expenses	1,117,978	2,098,119	-	3,216,097
Transfers to Affiliates	-	1,671,786	-	1,671,786
Cross Departmental Alloc	16,971,497	(16,971,497)	-	-
Total Expenses	227,172,850	24,039,974	-	251,212,824
Income from Operations	5,938,007	(7,077,798)	(243,600)	(1,383,391)
NON-OPERATING REV (EXP)				
Write off/Impairment of Assets/Delphir	(214,432)	-	-	(214,432)
Lease Cancellation Penalty	-	(972,981)	-	(972,981)
Unrealized Gains (Losses)	-	(568,371)	-	(568,371)
Excess of Rev over Exp	5,723,575	(8,619,150)	(243,600)	(3,139,175)

KARMANOS CANCER INSTITUTE
COMBINING STATEMENT OF CHANGES IN NET ASSETS
TWELVE MONTHS ENDED APRIL 30, 2014

	KCC	KCI	DII	TOTAL
UNRESTRICTED				
Excess of Rev over Exps	5,723,579	(8,619,150)	(243,600)	(3,139,171)
Board Designated Changes	-	-	-	-
Equity Infusion-McLaren	-	15,600,000	-	15,600,000
Other Transfers/Activity	3,004,247	193,281	-	3,197,528
Inc(Dec) in Unrstr Nt Asts	8,727,826	7,174,131	(243,600)	15,658,357
TEMPORARILY RESTRICTED				
Donations and Other Receipts	8,150	7,145,471	-	7,153,621
Investment Income	-	1,995,830	-	1,995,830
Released from Restrictions	(211,613)	(11,670,476)	-	(11,882,089)
Other Transfers/Activity	15,500	89,756	-	105,256
Inc(Dec) TempRestr Nt Asts	(187,963)	(2,439,419)	-	(2,627,382)
PERMANENTLY RESTRICTED				
Donations and Other Receipts	-	(1,483,145)	-	(1,483,145)
Investment Income	-	-	-	-
Released from Restrictions	-	-	-	-
Other Transfers/Activity	-	11,997	-	11,997
Inc(Dec) PermRestr Nt Asts	-	(1,471,148)	-	(1,471,148)
Inc(Dec) in Net Assets	8,539,863	3,263,564	(243,600)	11,559,827
Net Assets-Beg of Year	40,710,995	7,239,517	582,548	48,533,060
Net Assets-End of Year	49,250,858	10,503,081	338,948	60,092,887

✓