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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2014**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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.

A For the 2014 calendar year, or tax year beginning 05/01, 2014, and ending 09/30, 2014	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final 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) Room/suite 4100 John R
	City or town, state or province, country, and ZIP or foreign postal code Detroit, MI, 48201-2013
	F Name and address of principal officer Gerold Bepler MD 4100 John R, Detroit, MI 48201-2013
D Employer identification number 20-1649466	
E Telephone number 800-527-6266	
G Gross receipts \$ 102,791,974	
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: <u>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.</u>	
	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 2014 (Part V, line 2a)	5 0
	6	Total number of volunteers (estimate if necessary)	6 123
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 8,150 Current Year 213,694
	9	Program service revenue (Part VIII, line 2g)	237,031,526 102,182,932
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,816 -2,010
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	251,441 347,983
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	237,308,933 102,742,599
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	187,125 51,255
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0 0
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	73,570,556 30,547,081
	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)	158,031,136 66,264,266
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	231,788,817 96,862,602
	19	Revenue less expenses. Subtract line 18 from line 12	5,520,116 5,879,997
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)
21		Total liabilities (Part X, line 26)	53,570,310 58,407,654
22		Net assets or fund balances. Subtract line 21 from line 20	49,250,858 66,043,759

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	Signature of officer <i>Brian Gamble</i> Date 8.11.15
	Brian Gamble, Chief Financial Officer 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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2014)

Part III Statement of Program Service AccomplishmentsCheck 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 \$ 21,441,630 including grants of \$ 5,121) (Revenue \$ 34,477,883)
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. From May 2014 to September 2014, Karmanos had 10,677 patient days and 1,526 discharges for an average length of stay of 7.0 days. In addition, there were 109 bone marrow transplant cases, 535 inpatient surgical cases and 1,620 inpatient imaging cases.

4b (Code:) (Expenses \$ 60,164,254 including grants of \$ 16,711) (Revenue \$ 62,978,787)
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. From May 2014 to September 2014, the following outpatient statistics were reported: clinical visits of 27,390; infusion patients of 12,765; imaging procedures of 23,288; pheresis patients totalled 1,659; inpatient and outpatient radiation oncology procedures of 10,461 and outpatient surgical cases of 919.

4c (Code:) (Expenses \$ 4,791,859 including grants of \$ 29,423) (Revenue \$ 4,374,539)
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 370; Phase 1 Infusion patient visits of 834. At September 30, 2014, KCC had 301 active clinical drug trials; 675 patients willing to participate of which 385 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 **▶** 86,397,743

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	✓
12a 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	✓
14a 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	✓
20a 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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	✓
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	✓
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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	✓
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	✓
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 ComplianceCheck 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	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b				
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter.					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter.					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓	
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, address, and telephone number of the person who possesses the organization's books and records: ►

Brian Gamble, (313)576-8935

4100 John R, Detroit, MI 48201-2013

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Charles E Becker	1									
Board Member	1	✓						0	0	0
Leslie Bowman	1									
Board Member	0	✓						0	0	0
Armando R Cavazos	1									
Board Member	1	✓						0	0	0
Ethan Davidson	1									
Board Member	0	✓						0	0	0
Myron Frasier	1									
Board Member	0	✓						0	0	0
Shirish Gadgeel	1									
Board Member	0	✓						0	0	0
Thomas A Goss	1									
Vice Chairman	0	✓		✓				0	0	0
S Scott Hunter	1									
Board Member	0	✓						0	0	0
Phil Incarnati	1									
Board Member	46	✓						0	0	0
Thomas Kalas	1									
Board Member	0	✓						0	0	0
Timothy Monahan	1									
Chairman	1	✓		✓				0	0	0
Valerie Parisi MD	1									
Board Member	1	✓						0	0	0
W James Prowse	1									
Board Member	1	✓						0	0	0
Anthony Rusciano	1									
Board Member	0	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Alan S Schwartz	1									
Board Member	1	✓						0	0	0
Maureen L Stapleton	1									
Board Member	0	✓						0	0	0
Jane R Thomas PhD	1									
Board Member	0	✓						0	0	0
Samuel Thomas	1									
Board Member	0	✓						0	0	0
Manuel Valdivieso MD	1									
Board Member	0	✓						0	0	0
George H Yoo MD	40				✓					
Chief Medical Director	0	✓						0	0	0
Gerold Beppler	20									
KCI President	20	✓						0	0	0
Margaret Dimond	40									
KCC President	0	✓		✓				0	0	0
Michael Grisdela	20									
Treasurer	20			✓				0	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	0	0

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 ▶

- | | 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
None		
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 RevenueCheck 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 213,694				
	g	Noncash contributions included in lines 1a-1f \$	0				
	h	Total. Add lines 1a-1f ▶		213,694			
Program Service Revenue	Business Code						
	2a	Outpatient medical services	621400	60,770,230	60,770,230	0	0
	b	Inpatient medical services	622000	34,477,883	34,477,883	0	0
	c	Drug clinical studies	900099	4,374,539	4,374,539	0	0
	d	Professional medical services	621400	1,432,639	1,432,639	0	0
	e	Professional services revenue, other	900099	775,918	775,918	0	0
	f	All other program service revenue .		351,723	351,723	0	0
	g	Total. Add lines 2a-2f ▶		102,182,932			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		6,490	0	0	6,490
	4	Income from investment of tax-exempt bond proceeds ▶		0	0	0	0
	5	Royalties ▶		0	0	0	0
	6a	Gross rents	(i) Real	196,344	0		
			(ii) Personal	0	0		
				196,344	0		
	d	Net rental income or (loss) ▶		196,344	0	0	196,344
	7a	Gross amount from sales of assets other than inventory	(i) Securities	0	40,875		
			(ii) Other	0	49,375		
				0	-8,500		
	d	Net gain or (loss) ▶		-8,500	-8,500	0	0
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from gaming activities . . ▶					
10a	Gross sales of inventory, less returns and allowances a						
b	Less: cost of goods sold b						
c	Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue			Business Code				
11a	Valet parking	900099	64,060	0	0	64,060	
b							
c							
d	All other revenue		87,579	0	0	87,579	
e	Total. Add lines 11a-11d ▶		151,639				
12	Total revenue. See instructions. ▶		102,742,599	102,174,432	0	354,473	

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 domestic organizations and domestic governments. See Part IV, line 21	0	0		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	51,255	51,255		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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	345,568	188,898	156,670	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	24,463,899	23,293,027	1,170,872	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	207,674	196,814	10,860	0
9 Other employee benefits	3,904,101	3,500,462	403,639	0
10 Payroll taxes	1,625,839	1,544,169	81,670	0
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	55,189	17,901	37,288	0
c Accounting	139,212	100	139,112	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.)	34,920,878	30,208,303	4,712,575	0
12 Advertising and promotion	154,571	915	153,656	0
13 Office expenses	22,097,481	22,121,978	-24,497	0
14 Information technology	2,947,631	0	2,947,631	0
15 Royalties	0	0	0	0
16 Occupancy	2,088,594	1,965,378	123,216	0
17 Travel	63,459	56,322	7,137	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	31,662	19,029	12,633	0
20 Interest	211,300	88,367	122,933	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	1,135,880	1,128,440	7,440	0
23 Insurance	392,690	0	392,690	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 expense	1,732,819	1,732,819	0	0
b				
c				
d				
e All other expenses	292,900	283,566	9,334	0
25 Total functional expenses. Add lines 1 through 24e	96,862,602	86,397,743	10,464,859	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 SheetCheck 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	6,814,210	1	8,852,537
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	1,145,142	3	1,015,721
	4 Accounts receivable, net	16,061,117	4	17,093,624
	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	3,131,467	8	3,115,661
	9 Prepaid expenses and deferred charges	1,617,879	9	1,575,672
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 47,190,553		
	b Less: accumulated depreciation	10b 2,919,238	10c	44,271,315
	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	113,013	13	113,018
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	43,237,541	15	48,413,865
16 Total assets. Add lines 1 through 15 (must equal line 34)	102,821,168	16	124,451,413	
Liabilities	17 Accounts payable and accrued expenses	30,878,074	17	36,804,402
	18 Grants payable	0	18	0
	19 Deferred revenue	21,375	19	224,924
	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	21,575,317	23	20,144,784
	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	1,095,544	25	1,233,544
	26 Total liabilities. Add lines 17 through 25	53,570,310	26	58,407,654
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	48,981,725	27	65,553,365
	28 Temporarily restricted net assets	269,133	28	490,394
	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	49,250,858	33	66,043,759
	34 Total liabilities and net assets/fund balances	102,821,168	34	124,451,413

Part XI Reconciliation of Net AssetsCheck 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	102,742,599
2	Total expenses (must equal Part IX, column (A), line 25)	2	96,862,602
3	Revenue less expenses. Subtract line 2 from line 1	3	5,879,997
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	49,250,858
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	10,912,904
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	66,043,759

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

- 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
- 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
- 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.
- 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? . . .
- 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.

	Yes	No
2a		✓
2b	✓	
2c	✓	
3a		✓
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

2014

Open to Public Inspection

Name of the organization

BARBARA ANN KARMANOS CANCER HOSPITAL

Employer identification number

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a ☐ **Type I** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g 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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						0

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10%-facts-and-circumstances test—2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
b 10%-facts-and-circumstances test—2013. 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► ☐		
b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	☐	☐
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	☐	☐
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	☐	☐
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	☐	☐
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	☐	☐
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	☐	☐
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	☐	☐
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	☐	☐
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	☐	☐
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	☐	☐
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	☐	☐
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	☐	☐
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	☐	☐
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	☐	☐
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	☐	☐
9a		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	☐	☐
9b		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	☐	☐
9c		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	☐	☐
10a		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	☐	☐
10b		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013			
e	Excess from 2014			

Part VI **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.)

This image shows a full page of blank handwriting practice paper. It features approximately 30 horizontal blue lines spaced evenly down the page. Each line is composed of two short, dashed segments separated by a small gap, which helps guide letter height and placement. The background is plain white, providing a clear contrast for the blue lines. There are no margins, text, or other markings on the page.

**KARMANOS CANCER INSTITUTE
COMBINING INCOME STATEMENT
FIVE MONTHS ENDED SEPTEMBER 30, 2014**

	<u>KCC</u>	<u>KCI</u>	<u>DII</u>	<u>TOTAL</u>
REVENUE				
NET PATIENT SERVICE REVENUE				
Inpatient Revenue	68,634,210	-	-	68,634,210
Contractual Allowance	(34,156,327)	-	-	(34,156,327)
Net IP Patient Service Rev	34,477,883	-	-	34,477,883
Outpatient Revenue	220,553,485	-	-	220,553,485
Contractual Allowance	(159,783,256)	-	-	(159,783,256)
Net OP Patient Service Rev	60,770,230	-	-	60,770,230
Professional Revenue	3,411,062	442,539	-	3,853,601
Contractual Allowance	(1,978,423)	(261,960)	-	(2,240,383)
Net Prof Patient Service Rev	1,432,639	180,579	-	1,613,218
Pat Serv Rev (net of contractual Allowances)	96,680,751	180,579	-	96,861,330
Provision for bad debts	(1,723,257)	(26,022)	-	(1,749,279)
Net Pat Serv Rev less provision for bad debts	94,957,494	154,557	-	95,112,051
OTHER REVENUE				
Donor Contributions	980	2,268,500	-	2,269,480
Grants and Contracts	4,374,539	1,574,083	-	5,948,622
Special Events	295	31,682	-	31,977
Affiliation Revenue	965,142	232,046	-	1,197,188
	-	162,246	-	162,246
Investment Income	6,490	148,704	(6,270)	148,924
Net Assts Rlsd from Restr	54,283	3,744,559	-	3,798,842
Other Operating Revenue	501,983	978,075	-	1,480,058
Total Other Revenue	5,903,712	9,139,895	(6,270)	15,037,337
Total Revenue	100,861,206	9,294,452	(6,270)	110,149,388
EXPENSES				
Salary and Wage Expense	24,789,862	7,268,216	-	32,058,078
Fringe Benefits	5,757,219	1,653,526	-	7,410,745
Supplies, Printing & Postage	2,915,604	649,892	-	3,565,496
Drug Supplies	17,305,106	75	-	17,305,181
Contract Services	7,019,442	4,993,114	-	12,012,556
Purchased Services-DMC	21,924,627	924	-	21,925,551
Clinical Arrangements	2,525,051	45,100	-	2,570,151
Professional Fees	277,326	303,955	-	581,281
Lease Expense	2,737,295	375,401	-	3,112,696
Occupancy	1,378,937	186,633	-	1,565,570
Insurance	419,251	33,066	-	452,317
Depreciation	1,135,880	466,068	-	1,601,948
Interest Expense	211,300	37,974	-	249,274
Bad Debt Expense	9,562	25,444	-	35,006
Other Expenses	451,498	1,568,851	-	2,020,349
Transfers to Affiliates	-	997,954	-	997,954
Cross Departmental Alloc	6,281,384	(6,281,384)	-	-
Total Expenses	95,139,344	12,324,809	-	107,464,153
Income from Operations	5,721,862	(3,030,357)	(6,270)	2,685,235
NON-OPERATING REV (EXP)				
Write off/Impairment of Assets/Delphi	-	-	-	-
Lease Cancellation Penalty	-	-	-	-
Unrealized Gains (Losses)	-	(563,927)	-	(563,927)
Excess of Rev over Exp	5,721,862	(3,594,284)	(6,270)	2,121,308

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

2014

**Open to Public
Inspection**

Name of the organization

BARBARA ANN KARMANOS CANCER HOSPITAL

Employer identification number

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 value of contributions to (during year)		
3 Aggregate value of 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 a 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.	
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) Revenue included in Form 990, Part VIII, line 1 ► \$ (ii) Assets included in Form 990, Part X ► \$	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. a Revenue included in Form 990, Part VIII, line 1 ► \$ b Assets included in Form 990, Part X ► \$	

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

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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, for escrow or custodial account liability? ☐ 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:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

Part VI Land, Buildings, and Equipment.

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	1,410,000		1,410,000
b Buildings	0	21,615,398	795,966	20,819,432
c Leasehold improvements	0	2,930,321	292,781	2,637,540
d Equipment	0	10,222,478	1,503,436	8,719,042
e Other	0	11,012,356	327,055	10,685,301
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				44,271,315

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.) ▶		

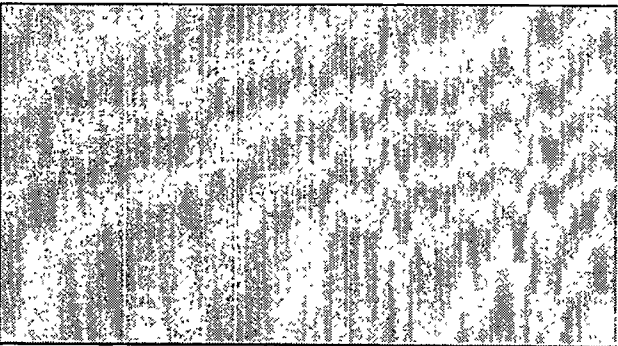
Part IX Other Assets.

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	48,000,873
(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.) ▶	48,413,865

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	1,233,544	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,233,544	

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 ☐

**SCHEDULE H
(Form 990)**

Hospitals

OMB No 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

- 1a** Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a **1a** ☒ Yes ☐ No
- b** If "Yes," was it a written policy? **1b** ☒ Yes ☐ No
- 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:
- ☐ 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:
- ☐ 200% ☐ 250% ☒ 300% ☐ 350% ☐ 400% ☐ Other _____ %
- c** If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used 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** ☒ Yes ☐ No
- 5a** Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? **5a** ☒ Yes ☐ No
- b** If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? **5b** ☒ Yes ☐ No
- 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** ☐ Yes ☒ No
- 6a** Did the organization prepare a community benefit report during the tax year? **6a** ☐ Yes ☒ No
- b** If "Yes," did the organization make it available to the public? **6b** ☐ Yes ☒ No
- 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

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			34,675		34,675	0.04%
b Medicaid (from Worksheet 3, column a)			22,814,661	18,226,104	4,588,557	4.82%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs	0	0	22,849,336	18,226,104	4,623,232	4.86%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)			1,078,034	836,916	241,118	0.25%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			51,255		51,255	0.05%
j Total. Other Benefits	0	0	1,129,289	836,916	292,373	0.3%
k Total. Add lines 7d and 7j	0	0	23,978,625	19,063,020	4,915,605	5.16%

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

Cat No 50192T

Schedule H (Form 990) 2014

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

- 1** Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1** ☒ Yes ☐ No
- 2** Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount **2** 551,005
- 3** Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. **3** 0
- 4** Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

- 5** Enter total revenue received from Medicare (including DSH and IME) **5** 22,198,115
- 6** Enter Medicare allowable costs of care relating to payments on line 5 **6** 24,021,051
- 7** Subtract line 6 from line 5. This is the surplus (or shortfall) **7** -1,822,936
- 8** Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:

☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

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

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

Part V Facility Information**Section A. Hospital Facilities**

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

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	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 letter of facility reporting group Barbara Ann Karmanos Cancer Hospital**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** 1**Community Health Needs Assessment**

- 1** Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?
- 2** Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C
- 3** 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 12
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 significant 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)
- 4** Indicate the tax year the hospital facility last conducted a CHNA: 20 13
- 5** 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
- 6a** Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C
- b** Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C
- 7** Did the hospital facility make its CHNA report widely available to the public?
If "Yes," indicate how the CHNA report was made widely available (check all that apply):
- a** ☒ Hospital facility's website (list url): www.karmanos.org
- b** ☐ Other website (list url): _____
- c** ☐ Made a paper copy available for public inspection without charge at the hospital facility
- d** ☐ Other (describe in Section C)
- 8** Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11
- 9** Indicate the tax year the hospital facility last adopted an implementation strategy: 20 14
- 10** Is the hospital facility's most recently adopted implementation strategy posted on a website?
- a** If "Yes," (list url): _____
- b** If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?
- 11** Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.
- 12a** 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)?
- b** If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?
- c** If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____

	Yes	No
1		✓
2		✓
3	✓	
4		
5	✓	
6a		✓
6b		✓
7	✓	
8	✓	
9		
10		✓
10b		✓
11		
12a		✓
12b		

Part V Facility Information (continued)
Financial Assistance Policy (FAP)
Name of hospital facility or letter of facility reporting group Facility: 1-Barbara Ann Karmanos Cancer Hospital

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that: 13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> % b ☒ Income level other than FPG (describe in Section C) c ☒ Asset level d ☒ Medical indigency e ☒ Insurance status f ☒ Underinsurance status g ☐ Residency h ☐ Other (describe in Section C)	13 ✓	
14 Explained the basis for calculating amounts charged to patients?	14 ✓	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process d ☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications e ☐ Other (describe in Section C)	15 ✓	
16 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): a ☐ The FAP was widely available on a website (list url): _____ b ☐ The FAP application form was widely available on a website (list url): _____ c ☐ A plain language summary of the FAP was widely available on a website (list url): _____ d ☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e ☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) f ☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) g ☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility h ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP i ☐ Other (describe in Section C)	16 ✓	

Billing and Collections

17 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 all of the actions the hospital facility or other authorized party may take upon non-payment?	17 ✓	
18 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(ies) b ☐ Selling an individual's debt to another party c ☐ Actions that require a legal or judicial process d ☐ Other similar actions (describe in Section C) e ☐ None of these actions or other similar actions were permitted		

Part V Facility Information (continued)Name of hospital facility or letter of facility reporting group Facility: 1-Barbara Ann Karmanos Cancer Hospital

	Yes	No
19 Did the hospital facility or other authorized 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?	19 ✓	
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a ☒ Reporting to credit agency(ies)		
b ☐ Selling an individual's debt to another party		
c ☐ Actions that require a legal or judicial process		
d ☐ Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (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)		
f ☐ None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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?	21	✓
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)

22 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)		
23 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?	23	✓
If "Yes," explain in Section C.		
24 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?	24	✓
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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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 identified from the key interviews.

Schedule H, Part V, Section B, Line 5-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 identified 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 Community Health Needs Assessment (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 gap in response was identified.

Schedule H, Part V, Section B, Line 11-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/Blue Shield of Michigan rates for these services.

Schedule H, Part V, Section B, Line 21c-Barbara Ann Karmanos Cancer Hospital - The Barbara Ann Karmanos Cancer Hospital does not have an emergency room.

Schedule H, Part V, Section B, Line 21d-Barbara Ann Karmanos Cancer Hospital - The Barbara Ann Karmanos Cancer Hospital does not have an emergency room.

Schedule H, Part V, Section B, Line 22d-Barbara Ann Karmanos Cancer Hospital - uses Blue Cross/Blue 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	Outpatient radiation oncology services.
800 Stewart Rd	
Monroe, MI, 48162	
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 \$1,723,258 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 patient services, insurance companies, and governmental agencies are based on gross charges. an allowance for uncollectible accounts has been established on an aggregate basis by using historical write-off rate factors applied to unpaid accounts based on aging. Loss rate factors are based on historical loss experience and industry standards and adjusted for economic conditions and other trends affecting the Hospital's ability to collect outstanding amounts. Uncollectible amounts are written off against the allowance for doubtful accounts in the period they are determined to be uncollectible.

Schedule H, Part III, Section B, Line 8 - Shortfall of Medicare cost over Medicare payments of (\$1,822,936) 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 (Karmanos) 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 Women Certified 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 6 - The Barbara Ann Karmanos Cancer 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.

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

2014

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 Domestic Organizations and Domestic Governments. 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

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

Cat No 50055P

Schedule I (Form 990) (2014)

Part III **Grants and Other Assistance to Domestic Individuals.** 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.

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

OMB No 1545-0047

2014

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), section 501(c)(4), and 501(c)(29) 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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(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)				

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

2014

**Open to Public
Inspection**

Name of the organization

BARBARA ANN KARMANOS CANCER HOSPITAL

Employer identification number

20-1649466

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.

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 - Michael Grisdela resigned from the organization in August 2014. His forwarding address is 4653 Danbury Way, Okemos, MI 48864.

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 and maintenance contracts \$4,979,222; Overhead allocations \$1,557,777; Purchases Services-DMC & WSU \$22,341,610, Contracted arrangements \$2,549,218, Laundry services \$127,722; Transcription services \$404,377; Lab and diagnostic services \$856, Clinical trial patient services \$2,687,751 Ambulance services \$677; Billing services \$79,237; Consultant fees \$192,430.

Form 990, Part XI, Line 9 - On January 1, 2014, McLaren Health Care Corporation acquired the assets of Barbara Ann Karmanos Cancer Institute. A valuation of acquired assets was performed resulting in a change in net assets of \$10,040,000. Also, \$923,807 was a release from restriction, according to donor wishes, for capital equipment and projects related to the Infusion renovation, the Wertz Clinic renovation and Laboratory department. The remaining was an equity transfer from McLaren Health Care Corporation for proceeds from Premier IPO.

Form 990, Part XII, Line 2c - For the period May 1, 2014 through September 30, 2014, the Barbara Ann Karmanos Cancer Hospital was included with the McLaren Health Care Corporation audit, which was reviewed by their Board of Directors.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2014

**Open to Public
Inspection**

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.

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

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)							

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

Cat No 50135Y

Schedule R (Form 990) 2014

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.**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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	☐	☒
b Gift, grant, or capital contribution to related organization(s)	☐	☒
c Gift, grant, or capital contribution from related organization(s)	☐	☒
d Loans or loan guarantees to or for related organization(s)	☐	☒
e Loans or loan guarantees by related organization(s)	☒	☐
f Dividends from related organization(s)	☐	☒
g Sale of assets to related organization(s)	☐	☒
h Purchase of assets from related organization(s)	☐	☒
i Exchange of assets with related organization(s)	☐	☒
j Lease of facilities, equipment, or other assets to related organization(s)	☒	☐
k Lease of facilities, equipment, or other assets from related organization(s)	☒	☐
l Performance of services or membership or fundraising solicitations for related organization(s)	☒	☐
m Performance of services or membership or fundraising solicitations by related organization(s)	☒	☐
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	☒	☐
o Sharing of paid employees with related organization(s)	☒	☐
p Reimbursement paid to related organization(s) for expenses	☒	☐
q Reimbursement paid by related organization(s) for expenses	☒	☐
r Other transfer of cash or property to related organization(s)	☐	☒
s Other transfer of cash or property from related organization(s)	☒	☐

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).

Lined area for supplemental information.

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

Schedule R, Part VII, Statement 1

BARBARA ANN KARMANOS CANCER HOSPITAL

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 INGHAM 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 HARRINGTON
 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

Schedule R, Part VII, Statement 1

BARBARA ANN KARMANOS CANCER HOSPITAL

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 HARRINGTON
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

Schedule R, Part VII, Statement 1

BARBARA ANN KARMANOS CANCER HOSPITAL

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

Schedule R, Part VII, Statement 1

BARBARA ANN KARMANOS CANCER 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 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

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, Motor City Casino Hotel and Greektown Casino Hotel	79	13,634	0
Method of valuation	Book			
Desc. of Non-Cash Asst.				
Type of grant	Direct cash assistance provided to patients for treatments	24	4,827	0
Method of valuation	Book			
Desc. of Non-Cash Asst.				
Type of grant	Direct cash assistance for patients for food, travel and parking	60	28,097	0
Method of valuation	Book			
Desc. of Non-Cash Asst.				
Type of grant	Direct cash assistance to patients for utilities, mortgages and other miscellaneous items	7	4,697	0
Method of valuation	Book			
Desc. of Non-Cash Asst.				

B A R B A R A A N N
KARMANOS
CANCER INSTITUTE

KARMANOS CANCER INSTITUTE
COMBINING FINANCIAL STATEMENTS
(GAAP)
Fiscal Year 14b: May 2014 - Sept 2014

B A R B A R A A N N
KARMANOS
C A N C E R I N S T I T U T E

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 2014b 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
SEPTEMBER 30, 2014

	<u>KCC</u>	<u>KCI</u>	<u>DII</u>	<u>TOTAL</u>
ASSETS				
CURRENT ASSETS				
Cash and Equivalents (Includes Board Designated of \$2,276,236)	8,852,537	12,179,785	-	21,032,322
Short Term Investments	-	13,825,435	-	13,825,435
Escrow - Limited Use	-	9,582,398	-	9,582,398
Receivables, Net				
Patient Receivables	14,912,441	28,467	-	14,940,908
Est 3rd Party Settlements	-	-	-	-
Contributions Receivable, Current	-	2,636,057	-	2,636,057
Affiliation Receivables	339,818	1,242,044	-	1,581,862
Other Receivables	2,857,087	1,143,709	-	4,000,796
Intercompany Receivables	48,000,872	(48,000,872)	-	-
Total Receivables, Net	66,110,218	(42,950,595)	-	23,159,623
Prepaid Expense and Other	1,575,662	2,227,069	-	3,802,741
Inventory	3,115,661	3,028	-	3,118,689
Donor Pledges Collateralizing Cure	-	-	-	-
Total Current Assets	<u>79,654,088</u>	<u>(5,132,880)</u>	<u>-</u>	<u>74,521,208</u>
INVESTMENTS				
Undesignated	113,018	23,113	-	136,131
Temporarily Restricted	-	7,673,144	-	7,673,144
Permanently Restricted	-	13,352,176	-	13,352,176
Total Investments	<u>113,018</u>	<u>21,048,433</u>	<u>-</u>	<u>21,161,451</u>
CONTRIBUTIONS RECEIVABLE, NET	-	11,193,145	-	11,193,145
DONOR PLEDGES COLLATERALIZING LINE OF CREDIT	-	-	-	-
DONOR PLEDGES COLLATERALIZING CURE	-	4,700,000	-	4,700,000
PROPERTY AND EQUIPMENT, NET	<u>44,271,315</u>	<u>8,713,292</u>	-	<u>52,984,607</u>
OTHER NONCURRENT ASSETS	412,992	65,212	332,678	810,882
TOTAL ASSETS	<u>124,451,413</u>	<u>40,587,202</u>	<u>332,678</u>	<u>165,371,293</u>
LIABILITIES AND NET ASSETS				
LIABILITIES				
CURRENT LIABILITIES				
Accounts Payable and Accrued Expenses	9,696,490	11,988,869	-	21,685,359
Accrued Payroll Liabilities	2,732,375	4,637,795	-	7,370,170
Estimated 3rd Party Settlements	9,879,126	-	-	9,879,126
Current Portion, Long Term Debt	1,184,897	2,117,779	-	3,302,676
Due to Affiliates	12,610,816	2,197,490	-	14,808,306
Other Current Liabilities	2,110,519	380,244	-	2,490,763
Total Current Liabilities	<u>38,214,223</u>	<u>21,322,177</u>	<u>-</u>	<u>59,536,400</u>
NONCURRENT LIABILITIES				
Long-Term Debt, Less Current Portion	18,959,887	7,334,742	-	26,294,629
Donor Collateralized LOC	-	-	-	-
Donor Collateralized CURE	-	4,700,000	-	4,700,000
Due to Affiliates, Long-term	-	1,024,699	-	1,024,699
Other Non-Current Liabilities	1,233,544	399,271	-	1,632,815
TOTAL LIABILITIES	<u>58,407,654</u>	<u>34,780,889</u>	<u>-</u>	<u>93,188,543</u>
NET ASSETS				
Unrestricted (Includes Board Designated of \$2,276,236)	65,553,365	(35,855,787)	332,678	30,030,256
Temporarily Restricted	490,394	28,259,332	-	28,749,726
Permanently Restricted	-	13,402,768	-	13,402,768
TOTAL NET ASSETS	<u>66,043,759</u>	<u>5,806,313</u>	<u>332,678</u>	<u>72,182,750</u>
TOTAL LIABILITIES AND NET ASSETS	<u>124,451,413</u>	<u>40,587,202</u>	<u>332,678</u>	<u>165,371,293</u>

KARMANOS CANCER INSTITUTE
COMBINING STATEMENT OF CHANGES IN NET ASSETS
FIVE MONTHS ENDED SEPTEMBER 30, 2014

	<u>KCC</u>	<u>KCI</u>	<u>DII</u>	<u>TOTAL</u>
UNRESTRICTED				
Excess of Rev over Exps	5,721,862	(3,594,284)	(6,270)	2,121,308
Board Designated Changes	-	-	-	-
Equity Infusion-McLaren	(51,001)	-	-	(51,001)
Other Transfers/Activity	<u>10,900,780</u>	<u>(1,677,680)</u>	<u>-</u>	<u>9,223,100</u>
Inc(Dec) in Unrstr Nt Asts	16,571,641	(5,271,964)	(6,270)	11,293,407
TEMPORARILY RESTRICTED				
Donations and Other Receipts	212,418	3,674,970	-	3,887,388
Investment Income	-	84,702	-	84,702
Released from Restrictions	(54,283)	(4,682,967)	-	(4,737,250)
Other Transfers/Activity	<u>63,126</u>	<u>1,459,716</u>	<u>-</u>	<u>1,522,842</u>
Inc(Dec) TempRestr Nt Asts	221,261	536,421	-	757,682
PERMANENTLY RESTRICTED				
Donations and Other Receipts	-	634	-	634
Investment Income	-	-	-	-
Released from Restrictions	-	-	-	-
Other Transfers/Activity	<u>-</u>	<u>38,140</u>	<u>-</u>	<u>38,140</u>
Inc(Dec) PermRestr Nt Asts	-	38,774	-	38,774
Inc(Dec) in Net Assets	16,792,902	(4,696,769)	(6,270)	12,089,863
Net Assets-Beg of Year	<u>49,250,857</u>	<u>10,503,082</u>	<u>338,948</u>	<u>60,092,887</u>
Net Assets-End of Year	<u>66,043,759</u>	<u>5,806,313</u>	<u>332,678</u>	<u>72,182,750</u>