

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015Open to Public
Inspection**A** For the 2015 calendar year, or tax year beginning **JAN 1, 2015** and ending **JUN 30, 2015****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☒ Amended return
☐ Application pending

C Name of organization**MARY BIRD PERKINS CANCER CENTER**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

4950 ESSEN LANE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

BATON ROUGE, LA 70809**F** Name and address of principal officer **TODD D. STEVENS****4950 ESSEN LANE, BATON ROUGE, LA 70809****D** Employer identification number**23-7010520****E** Telephone number**225-215-1223****G** Gross receipts \$ **18,993,848.****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.MARYBIRD.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1968** **M** State of legal domicile: **LA****Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1 Briefly describe the organization's mission or most significant activities. TO IMPROVE SURVIVORSHIP AND LESSEN THE BURDEN OF CANCER THROUGH EXPERT TREATMENT, COMPASSIONATE							
2 Check this box <input type="checkbox"/> 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	21				
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0				
6	Total number of volunteers (estimate if necessary)	6	52				
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.				
		Prior Year	Current Year				
8	Contributions and grants (Part VIII, line 1h)	4,013,804.	3,370,895.				
9	Program service revenue (Part VIII, line 2g)	28,654,070.	14,658,012.				
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,629,840.	83,052.				
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,334,400.	720,779.				
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	37,632,114.	18,832,738.				
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.				
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.				
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	21,106,805.	10,627,868.				
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.				
b	Total fundraising expenses (Part IX, column (D), line 25)	419,987.					
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,452,507.	5,743,430.				
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	33,559,312.	16,371,298.				
19	Revenue less expenses. Subtract line 18 from line 12	4,072,802.	2,461,440.				
		Beginning of Current Year	End of Year				
20	Total assets (Part X, line 16)	78,155,883.	78,939,567.				
21	Total liabilities (Part X, line 26)	30,773,140.	29,088,748.				
22	Net assets or fund balances. Subtract line 21 from line 20	47,382,743.	49,850,819.				

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

Date

DANA NEUCERE, CFO

Type or print name and title

Paid

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed ☐

PTIN

RALPH STEPHENS**P00638118****Preparer**

Firm's name

POSTLETHWAITE & NETTERVILLE

Firm's EIN

72-1202445**Use Only**

Firm's address

**8550 UNITED PLAZA BLVD, SUITE 1001
BATON ROUGE, LA 70809**

Phone no. (225) 922-4600

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

☒ Yes ☐ No

532001 12-16-15

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED FEB 23 2018

2949302706707 8

Part III Statement of Program Service Accomplishments

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

☒ X

- 1 Briefly describe the organization's mission:
TO IMPROVE SURVIVORSHIP AND LESSEN THE BURDEN OF CANCER THROUGH EXPERT TREATMENT, COMPASSIONATE CARE, EARLY DETECTION, RESEARCH, AND EDUCATION.
- 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 \$ 8,239,339. including grants of \$) (Revenue \$ 11,005,710.)
PATIENT CARE ACTIVITIES:
MARY BIRD PERKINS CANCER CENTER (MBPCC) IS THE LEADING CANCER CARE ORGANIZATION IN ALL OF THE COMMUNITIES IT SERVES, PROVIDING STATE-OF-THE-ART RADIATION THERAPY TREATMENT AND CANCER CARE TO PATIENTS REGARDLESS OF ABILITY TO PAY. MBPCC, THROUGH ITS FIVE LOCATIONS, SERVES 18 PARISHES (COUNTIES) ACROSS SOUTHEAST LOUISIANA AND PORTIONS OF SOUTHWEST MISSISSIPPI, HOME TO APPROXIMATELY 1.5 MILLION PEOPLE. DURING JANUARY 1 THROUGH JUNE 30, 2015, MBPCC PROVIDED APPROXIMATELY 21,919 RADIATION THERAPY TREATMENTS TO 1,132 PATIENTS SEEKING CANCER CARE. DURING THE SAME PERIOD, MBPCC PROVIDED CONTINUING CANCER CARE THROUGH SOME 2,727 FOLLOW-UP PATIENT VISITS FOLLOWING THERAPY COMPLETION. PATIENTS RECEIVING CARE DURING JANUARY 1 THROUGH
- 4b (Code) (Expenses \$ 1,832,206. including grants of \$) (Revenue \$ 3,950,002.)
CANCER PROGRAM ACTIVITIES:
MBPCC BELIEVES COMMUNITIES BENEFIT WHEN THE EXPERTISE OF LOCAL HOSPITALS, PHYSICIANS, SUPPORT ORGANIZATIONS AND THE CANCER-ONLY FOCUS OF MBPCC ARE LINKED TOGETHER TO FORM A COMPREHENSIVE CANCER PROGRAM PROVIDING PATIENTS WITH THE CONVENIENCE OF HIGH-QUALITY, COMPREHENSIVE, ADVANCED MEDICAL TREATMENT AND CARE IN ONE LOCATION WITHIN THEIR COMMUNITY AT LESS COST TO BOTH ORGANIZATIONS. TO DATE, MBPCC HAS IMPLEMENTED THREE COMPREHENSIVE CANCER PROGRAM MODELS AND ASSUMED CERTAIN RESPONSIBILITIES FOR DEVELOPING AND DELIVERING THE CANCER CARE CONTINUUM TO THE LOCAL COMMUNITY. SERVICES INCLUDE CANCER PREVENTION EDUCATION, EARLY DETECTION, FREE CANCER SCREENING, TRANSPORTATION ASSISTANCE, AND SMOKING CESSATION CLINICS - AS WELL AS UNIQUE PROGRAMS
- 4c (Code) (Expenses \$ 657,047. including grants of \$) (Revenue \$)
MEDICAL PHYSICS RESIDENCY PROGRAM:
MBPCC PLAYS A SIGNIFICANT ROLE IN THE MARY BIRD PERKINS CANCER CENTER - LOUISIANA STATE UNIVERSITY (MBPCC-LSU) MEDICAL PHYSICS AND HEALTH PHYSICS PROGRAM. THIS ACADEMIC PROGRAM PROVIDES DIDACTIC INSTRUCTION AND CLINICAL AND RESEARCH TRAINING TO LSU MS AND PHD GRADUATE STUDENTS IN MEDICAL PHYSICS. GRADUATES OF THE PROGRAM BECOME MEDICAL PHYSICISTS. ALTHOUGH MUCH OF THE MBPCC MEDICAL PHYSICISTS' BUDGET SUPPORTS ITS PHD STAFF (LSU ADJUNCT FACULTY) TO PERFORM MEDICAL PHYSICS RESEARCH, IT ALSO INCLUDES TEACHING IN THE MBPCC - LSU MEDICAL PHYSICS PROGRAM AND THE MENTORING OF GRADUATE STUDENT RESEARCH. IN ADDITION, MBPCC PROVIDES STUDENT CLASSROOM SPACE, STUDENT OFFICES, TEACHING LABS, RESEARCH LABS, CLINICAL TRAINING FACILITIES, ADMINISTRATIVE SUPPORT AND
- 4d Other program services (Describe in Schedule O.)
 (Expenses \$ including grants of \$) (Revenue \$ 454,354.)
- 4e Total program service expenses **10,728,592.**

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
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? <i>If "Yes," complete Schedule C, Part III</i>	5	X
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? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b X	
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19 X	

Form 990 (2015)

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
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? If "Yes," complete Schedule I, Parts I and II		X
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? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2015)

Part V**Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X	
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).		X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O.			
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)?			X
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?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
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?			X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
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?		X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
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?			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X	
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?			
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X	
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?			
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.			
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?			X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			

Form 990 (2015)

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. 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.	22	
b Enter the number of voting members included in line 1a, above, who are independent.	21	
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?		X
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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
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?		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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.		X

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?	X	
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?	X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
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.	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
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.	X	
b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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?	X	
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?	X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: LA

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: PAUL NOWACKI - (225) 215-1223
4950 ESSEN LANE, BATON ROUGE, LA 70809

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 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			
(1) ALAN A. ZAUNBRECHER DIRECTOR	1.00	X								
(2) ALICE GREER DIRECTOR	1.00	X								
(3) ART E. FAVRE DIRECTOR	1.00	X								
(4) BILL O'QUIN VICE CHAIR	1.00	X								
(5) BRETT P. FURR CHAIR	1.00	X								
(6) CHARLES G. WOOD, M.D. MEDICAL DIRECTOR	1.00	X								
(7) CORDELL H. HAYMON DIRECTOR	1.00	X								
(8) CYNTHIA PETERSON, PH.D. DIRECTOR	1.00	X								
(9) DAVID A. WINKLER DIRECTOR	1.00	X								
(10) ERIC LANE DIRECTOR	1.00	X								
(11) ERICH STERNBERG DIRECTOR	1.00	X								
(12) GERALD T. GOSS DIRECTOR	1.00 0.50	X								
(13) H.N. "HANK" SAURAGE, IV DIRECTOR	1.00	X								
(14) JANICE GUITREAU DIRECTOR	1.00	X								
(15) JOHN C. BOYCE DIRECTOR	1.00	X								
(16) JOHN F. SMITH DIRECTOR	1.00	X								
(17) LAURIE ARONSON DIRECTOR	1.00	X								

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 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			
(18) PAUL R. THOMPSON DIRECTOR	1.00	X								
(19) ROSE J. HUDSON DIRECTOR	1.00	X								
(20) THOMAS J. ADAMEK SECRETARY/TREASURER	1.00	X								
(21) TODD D. STEVENS CHIEF EXECUTIVE OFFICER	40.00 0.50	X		X						
(22) TOM J. MEEK, JR., M.D. IMMED PAST CHAIRMAN	1.00	X								
(23) ETHAN BUSH VP OF DEVELOPMENT	40.00 0.50			X						
(24) PAUL NOWACKI CHIEF FINANCIAL OFFICER	40.00 0.50			X						
(25) RENE AUSTIN DUFFIN EXECUTIVE DIRECTOR, CC OFF	40.00			X						
(26) SUSAN M. DICKERSON VP OF HUMAN RESOURCES	40.00			X						
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

28

- 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
- 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
- 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

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2015)

[illegible]

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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	230,515.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,140,380.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			3,370,895.			
Program Service Revenue	2 a RADIATION TREATMENT & RELATED SER	Business Code	624100	14,658,012.	14,658,012.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			14,658,012.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			83,052.			83,052.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses	554,065.	0.				
	c Rental income or (loss)	554,065.					
	d Net rental income or (loss)			554,065.	554,065.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 230,515. of contributions reported on line 1c) See Part IV, line 18	a	101,635.				
	b Less: direct expenses	b	150,760.				
	c Net income or (loss) from fundraising events			<49,125.>		<49,125.>	
	9 a Gross income from gaming activities. See Part IV, line 19	a	28,200.				
	b Less: direct expenses	b	10,350.				
	c Net income or (loss) from gaming activities			17,850.		17,850.	
	10 a 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				
11 a MISCELLANEOUS		624100	110,987.	110,987.			
b MEANINGFUL USE INCENTIVE		624100	45,472.	45,472.			
c RELEASE OF INFORMATION		624100	21,918.	21,918.			
d All other revenue		624100	19,612.	19,612.			
e Total. Add lines 11a-11d			197,989.				
12 Total revenue. See instructions			18,832,738.	15,410,066.	0.	51,777.	

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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	919,519.	161,013.	678,409.	80,097.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,038,066.	5,838,436.	1,973,991.	225,639.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	297,285.	198,015.	89,711.	9,559.
9 Other employee benefits	759,525.	288,222.	455,595.	15,708.
10 Payroll taxes	613,473.	437,202.	153,664.	22,607.
11 Fees for services (non-employees):				
a Management				
b Legal	688,330.	138,677.	547,153.	2,500.
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O)				
12 Advertising and promotion	527,005.	33,711.	472,446.	20,848.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	369,349.	92,277.	277,072.	
17 Travel	126,705.	83,983.	38,360.	4,362.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	197,383.		197,383.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,875,437.	1,885,437.	<10,000.>	
23 Insurance	225,510.	24,919.	200,591.	
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 REPAIRS & MAINTENANCE	768,063.	629,621.	128,750.	9,692.
b UTILITIES	542,827.	542,827.		
c MISCELLANEOUS	368,911.	302,320.	56,612.	9,979.
d MEDICAL SUPPLIES	339,368.	339,368.		
e All other expenses	<285,458.>	<267,436.>	<37,018.>	18,996.
25 Total functional expenses. Add lines 1 through 24e	16,371,298.	10,728,592.	5,222,719.	419,987.
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	8,636,376.	1	6,813,696.
	2 Savings and temporary cash investments	9,200,105.	2	9,225,239.
	3 Pledges and grants receivable, net	114,467.	3	1,619,853.
	4 Accounts receivable, net	5,083,169.	4	5,297,276.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	112,580.	5	90,725.
	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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	709,869.	9	702,372.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 83,576,013.		
	b Less: accumulated depreciation	10b 33,891,232.	10c	49,684,781.
	11 Investments - publicly traded securities	36,710.	11	36,299.
	12 Investments - other securities. See Part IV, line 11	6,077,350.	12	5,148,311.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	84,535.	15	321,015.
16 Total assets. Add lines 1 through 15 (must equal line 34)	78,155,883.	16	78,939,567.	
Liabilities	17 Accounts payable and accrued expenses	6,536,666.	17	6,024,243.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	5,585,041.	21	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties	18,361,467.	23	22,705,820.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	289,966.	25	358,685.
	26 Total liabilities. Add lines 17 through 25	30,773,140.	26	29,088,748.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	46,221,635.	27	48,842,244.
	28 Temporarily restricted net assets	1,155,608.	28	1,003,075.
	29 Permanently restricted net assets	5,500.	29	5,500.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	47,382,743.	33	49,850,819.
	34 Total liabilities and net assets/fund balances	78,155,883.	34	78,939,567.

Form 990 (2015)

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	18,832,738.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,371,298.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,461,440.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	47,382,743.
5	Net unrealized gains (losses) on investments	5	<55,488.>
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	62,124.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	49,850,819.

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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?		X
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		

Form 990 (2015)

Department of the Treasury
Internal Revenue Service

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.

2015

Open to Public Inspection

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

MARY BIRD PERKINS CANCER CENTER

Employer identification number
23-7010520

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 (Form 990 or 990-EZ).)
- 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).

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 (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		
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2015. 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 ► <input type="checkbox"/>		
b 33 1/3% support test - 2014. 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 ► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2015. 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 ► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2014. 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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2015

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. 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 in line 11 on 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

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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).
- 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?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 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**.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) 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**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- 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.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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.

	Yes	No
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2015

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015.			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on 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

2015
Open to Public
Inspection

Name of the organization

MARY BIRD PERKINS CANCER CENTER

Employer identification number

23-7010520

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

Schedule D (Form 990) 2015

532051
11-02-15

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

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on 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
1c	
1d	
1e	
1f	

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

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 on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on 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	10,955,403.	10,182,229.	8,515,326.	6,890,775.	5,837,722.
b Contributions	47,039.	280,294.	1,247,570.	1,203,398.	1,104,531.
c Net investment earnings, gains, and losses	155,215.	494,933.	559,333.	544,464.	55,731.
d Grants or scholarships	109,110.				
e Other expenditures for facilities and programs					
f Administrative expenses	62,487.	2,053.	140,000.	123,311.	107,209.
g End of year balance	10,986,060.	10,955,403.	10,182,229.	8,515,326.	6,890,775.

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

- a Board designated or quasi-endowment ▶ 63.40 %
 b Permanent endowment ▶ 36.60 %
 c Temporarily restricted endowment ▶ _____ %

The percentages on 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)		X
3a(ii)	X	
3b	X	

b If "Yes" on line 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" on 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				
b Buildings	41,902,889.		12,082,448.	29,820,441.
c Leasehold improvements	4,990,346.		243,856.	4,746,490.
d Equipment	36,597,835.		21,564,928.	15,032,907.
e Other	84,943.			84,943.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				49,684,781.

Schedule D (Form 990) 2015

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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) INVESTMENT IN INTEGRATED		
(B) ONCOLOGY SOLUTIONS	13,997.	COST
(C) INVESTMENT IN		
(D) STEMBPCC-GENERAL	5,134,314.	COST
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	5,148,311.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on 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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) CREDIT BALANCE IN ACCOUNT	
(3) RECEIVABLES	358,685.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	358,685.

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 D (Form 990) 2015

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information.

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

PART V, LINE 4:

TO SUPPORT THE TREATMENT OF CANCER AND CANCER RELATED ILLNESSES SOLELY
 ALLOCATED TO MARY BIRD PERKINS CANCER CENTER OR ANY OTHER DESIGNEE.

PART X, LINE 2:

MBPCC IS A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3)
 OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL AND STATE INCOME
 TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE INTERNAL REVENUE
 CODE. MBPCC ESTABLISHED IOS FOR THE PURPOSE OF PROVIDING SERVICES TO
 MEDICAL PROVIDERS. A PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE
 ACCOMPANYING FINANCIAL STATEMENTS BASED ON TAXABLE REVENUES.

Part XIII Supplemental Information (continued)

MBPCC ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH THE GUIDANCE INCLUDED IN THE ACCOUNTING STANDARDS CODIFICATION (ASC). MBPCC RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. RECOGNIZED INCOME TAX POSITIONS ARE RECORDED AT THE LARGEST AMOUNT THAT IS GREATER THAN FIFTY PERCENT LIKELY OF BEING REALIZED. CHANGES IN THE RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE OCCURS.

MBPCC HAS EVALUATED ITS POSITION REGARDING THE ACCOUNTING FOR UNCERTAIN INCOME TAX POSITIONS AND DOES NOT BELIEVE THAT IT HAS ANY MATERIAL UNCERTAIN TAX POSITIONS AT JUNE 30, 2015. WITH FEW EXCEPTIONS, THE STATUTE OF LIMITATIONS FOR THE EXAMINATION OF MBPCC'S INCOME TAX RETURNS IS GENERALLY THREE YEARS FROM THE DUE DATE OF THE TAX RETURN INCLUDING EXTENSIONS.

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2015

Open to Public Inspection

MARY BIRD PERKINS CANCER CENTER

Employer identification number
23-7010520

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- d** ☐ In-person solicitations

- ☐
- No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Total

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Event #1: Golf Tournament					Event #2: Gala					Event #3: Other Events					Total Events										
(a) Event #1					(b) Event #2					(c) Other events					(d) Total events										
GOLF TOURNAMENT					GALA					3					(add col (a) through col (c))										
(event type)					(event type)					(total number)															
Revenue	1	Gross receipts				111,130.					107,785.					113,235.					332,150.				
	2	Less: Contributions				95,430.					55,254.					79,831.					230,515.				
	3	Gross income (line 1 minus line 2)				15,700.					52,531.					33,404.					101,635.				
Direct Expenses	4	Cash prizes				25,000.										25,000.					50,000.				
	5	Noncash prizes				2,100.															2,100.				
	6	Rent/facility costs				20,840.										29,438.					50,278.				
	7	Food and beverages																							
	8	Entertainment									650.										650.				
	9	Other direct expenses				14,719.					16,032.					16,981.					47,732.				
	10	Direct expense summary: Add lines 4 through 9 in column (d)																			150,760.				
11	Net income summary: Subtract line 10 from line 3, column (d)																			<49,125.>					

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue		28,200.	28,200.
Direct Expenses	2	Cash prizes			
	3	Noncash prizes		10,350.	10,350.
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 20.00 % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)			10,350.
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			17,850.

9 Enter the state(s) in which the organization conducts gaming activities: LA

a Is the organization licensed to conduct gaming activities in each of these states?

☒ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☒ No

b If "Yes," explain:

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☒ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | |
|-------------------------------|--------------|
| a The organization's facility | 13a 100.00 % |
| b An outside facility | 13b % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► DEBBIE LANDRY

Address ► 4950 ESSEN LANE - BATON ROUGE, LA 70809

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☒
- No

- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.
- c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

- 16 Gaming manager information:

Name ► ETHAN BUSH

Gaming manager compensation ► \$ 80,097.

Description of services provided ► VICE PRESIDENT, DEVELOPMENT

☒ Director/officer ☐ Employee ☐ Independent contractor

- 17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions)

Part IV Supplemental Information (continued)

Lined area for supplemental information.

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

- **Complete if the organization answered "Yes" on 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**

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

MARY BIRD PERKINS CANCER CENTER

Employer identification number
23-7010520

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
- b** If "Yes," was it a written policy?
- 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"?
- 5a** Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
- b** If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
- c** If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?
- 6a** Did the organization prepare a community benefit report during the tax year?
- b** If "Yes," did the organization make it available to the public?

	Yes	No
1a	X	
1b	X	
3a	X	
3b	X	
4	X	
5a	X	
5b	X	
5c		X
6a	X	
6b	X	

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)			13,641.		13,641.	.08%
b Medicaid (from Worksheet 3, column a)			1,110,848.		1,110,848.	6.79%
c Costs of other means-tested government programs (from Worksheet 3, column b)			347,199.		347,199.	2.12%
d Total Financial Assistance and Means-Tested Government Programs			1,471,688.		1,471,688.	8.99%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,489,003.	166,552.	1,322,451.	8.08%
f Health professions education (from Worksheet 5)			160,541.		160,541.	.98%
g Subsidized health services (from Worksheet 6)			0.			
h Research (from Worksheet 7)			400,237.		400,237.	2.44%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			0.			
j Total. Other Benefits			2,049,781.	166,552.	1,883,229.	11.50%
k Total. Add lines 7d and 7j			3,521,469.	166,552.	3,354,917.	20.49%

Part V Facility Information

Section A Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 3

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)

1 MARY BIRD PERKINS OUR LADY OF THE LAKE
4950 ESSEN LANE
BATON ROUGE, LA 70809

Licensed hospital

Gen medical & surgical

Children's hospital

Teaching hospital

Critical access hospital

Research facility

ER-24 hours

ER-other

Other (describe)

Facility reporting group

OUTPATIENT
RADIATION ONCOLOGY

2 MARY BIRD PERKINS CANCER CENTER @ TGMC
8166 MAIN ST
HOUMA, LA 70360

OUTPATIENT
RADIATION ONCOLOGY

3 MARY BIRD PERKINS CANCER CENTER @ ST.T
1203 SOUTH TYLER STREET
COVINGTON, LA 70433

OUTPATIENT
RADIATION ONCOLOGY

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 MARY BIRD PERKINS OUR LADY OF THE LAKE C

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
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?	1	X
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	2	X
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	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 15</u>		
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	5	X
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	6a	X
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	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply).		
a <input type="checkbox"/> Hospital facility's website (list url) _____		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> 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	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20</u> _____		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	
a If "Yes," (list url) _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
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? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group MARY BIRD PERKINS OUR LADY OF THE LAKE C

	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?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> 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>250</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
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 <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply).		
a <input type="checkbox"/> The FAP was widely available on a website (list url): _____		
b <input type="checkbox"/> The FAP application form was widely available on a website (list url): _____		
c <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input type="checkbox"/> Other (describe in Section C)		

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?	X	
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 <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <input checked="" type="checkbox"/> 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 MARY BIRD PERKINS OUR LADY OF THE LAKE C

- 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?

	Yes	No
19		X

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?

	Yes	No
21		X

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?

	Yes	No
23		X

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?

	Yes	No
24		X

If "Yes," explain in Section C.

Schedule H (Form 990) 2015

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 MARY BIRD PERKINS CANCER CENTER @ TGMCLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

	Yes	No
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?	1	X
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	2	X
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	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA. <u>20 15</u>		
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	5	X
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	6a	X
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	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website (list url): _____		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> 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	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20</u> _____		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	
a If "Yes," (list url): _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
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? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group MARY BIRD PERKINS CANCER CENTER @ TGMC

	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?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> 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>250</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
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 <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input type="checkbox"/> The FAP was widely available on a website (list url): _____		
b <input type="checkbox"/> The FAP application form was widely available on a website (list url) _____		
c <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input type="checkbox"/> Other (describe in Section C)		

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?	X	
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 <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <input checked="" type="checkbox"/> 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 MARY BIRD PERKINS CANCER CENTER @ TGM

- 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?

If "Yes," check all actions in which the hospital facility or a third party engaged:

	Yes	No
19		X

- 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?

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)

	Yes	No
21		X

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?

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?

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

Schedule H (Form 990) 2015

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 MARY BIRD PERKINS CANCER CENTER @ ST.TAMLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3

	Yes	No
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?	1	X
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	2	X
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):	3	X
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 15</u>		
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	5	X
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	6a	X
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	6b	X
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):	7	X
a <input type="checkbox"/> Hospital facility's website (list url): _____		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> 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	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20</u> _____		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	
a If "Yes," (list url): _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
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? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group MARY BIRD PERKINS CANCER CENTER @ ST. TAM

- 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 200 % and FPG family income limit for eligibility for discounted care of 250 %
- 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)
- 14** Explained the basis for calculating amounts charged to patients?
- 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)
- 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)

	Yes	No
13	X	
14	X	
15	X	
16	X	

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?
- 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

17	X	
18		

Part V Facility Information (continued)Name of hospital facility or letter of facility reporting group MARY BIRD PERKINS CANCER CENTER @ ST.TAM

- 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?

	Yes	No
19		X

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?

	Yes	No
21		X

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.

	Yes	No
22		
23		X
24		X

- 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?

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?

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.

MARY BIRD PERKINS OUR LADY OF THE LAKE CANCER CENT:

PART V, SECTION B, LINE 5: AN ANALYSIS OF SECONDARY DATA WAS CONDUCTED TO COMPLETE THIS ASSESSMENT. THE SOURCES OF THE SECONDARY DATA INCLUDE THE UNITED STATES CENSUS BUREAU, THE UNITED STATES DEPARTMENT OF LABOR - BUREAU OF LABOR STATISTICS, NATIONAL CANCER INSTITUTE, AND THE LOUISIANA TUMOR REGISTRY.

MARY BIRD PERKINS CANCER CENTER @ TGMG:

PART V, SECTION B, LINE 5: AN ANALYSIS OF SECONDARY DATA WAS CONDUCTED TO COMPLETE THIS ASSESSMENT. THE SOURCES OF THE SECONDARY DATA INCLUDE THE UNITED STATES CENSUS BUREAU, THE UNITED STATES DEPARTMENT OF LABOR - BUREAU OF LABOR STATISTICS, NATIONAL CANCER INSTITUTE, AND THE LOUISIANA TUMOR REGISTRY.

MARY BIRD PERKINS CANCER CENTER @ ST.TAMMANY PARIS:

PART V, SECTION B, LINE 5: AN ANALYSIS OF SECONDARY DATA WAS CONDUCTED TO COMPLETE THIS ASSESSMENT. THE SOURCES OF THE SECONDARY DATA INCLUDE THE UNITED STATES CENSUS BUREAU, THE UNITED STATES DEPARTMENT OF LABOR - BUREAU OF LABOR STATISTICS, NATIONAL CANCER INSTITUTE, AND THE LOUISIANA TUMOR REGISTRY.

MARY BIRD PERKINS OUR LADY OF THE LAKE CANCER CENT:

PART V, SECTION B, LINE 6A: TERREBONNE GENERAL MEDICAL CENTER AND ST. TAMMANY PARISH HOSPITAL

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

MARY BIRD PERKINS CANCER CENTER @ T GMC:

PART V, SECTION B, LINE 6A: OUR LADY OF THE LAKE HOSPITAL AND ST. TAMMANY
PARISH HOSPITAL

MARY BIRD PERKINS CANCER CENTER @ ST.TAMMANY PARIS:

PART V, SECTION B, LINE 6A: OUR LADY OF THE LAKE HOSPITAL AND TERREBONNE
GENERAL MEDICAL CENTER

MARY BIRD PERKINS OUR LADY OF THE LAKE CANCER CENT:

PART V, SECTION B, LINE 11: WE HAVE INCREASED EDUCATION IN THE COMMUNITY
ABOUT THE REDUCTION OF RISK FACTORS INCLUDING THE CREATION OF
INFOGRAPHICS. WE HAVE ALSO FOCUSED EFFORTS OF PROVIDING CANCER SCREENINGS
IN THE HIGH NEEDS ZIP CODE AREAS.

WE HAVE ALSO INCREASED TOBACCO CESSATION REFERRALS FOR PATIENTS UNDERGOING
TREATMENT TO ASSIST THEM IN QUITTING. WE ARE ALSO ADDRESSING PATIENT
BARRIERS THAT MAY IMPACT THEIR TREATMENT. THESE MEASURES INCLUDE
TRANSPORATION ASSISTANCE, MEDICATION ASSISTANCE AND FINANCIAL ASSISTANCE.

MARY BIRD PERKINS CANCER CENTER @ T GMC:

PART V, SECTION B, LINE 11: WE HAVE INCREASED EDUCATION IN THE COMMUNITY
ABOUT THE REDUCTION OF RISK FACTORS INCLUDING THE CREATION OF
INFOGRAPHICS. WE HAVE ALSO FOCUSED EFFORTS OF PROVIDING CANCER SCREENINGS
IN THE HIGH NEEDS ZIP CODE AREAS.

WE HAVE ALSO INCREASED TOBACCO CESSATION REFERRALS FOR PATIENTS UNDERGOING
TREATMENT TO ASSIST THEM IN QUITTING. WE ARE ALSO ADDRESSING PATIENT
BARRIERS THAT MAY IMPACT THEIR TREATMENT. THESE MEASURES INCLUDE

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.

TRANSPORATION ASSISTANCE, MEDICATION ASSISTANCE AND FINANCIAL ASSISTANCE.

MARY BIRD PERKINS CANCER CENTER @ ST.TAMMANY PARIS:

PART V, SECTION B, LINE 11: WE HAVE INCREASED EDUCATION IN THE COMMUNITY ABOUT THE REDUCTION OF RISK FACTORS INCLUDING THE CREATION OF INFOGRAPHICS. WE HAVE ALSO FOCUSED EFFORTS OF PROVIDING CANCER SCREENINGS IN THE HIGH NEEDS ZIP CODE AREAS.

WE HAVE ALSO INCREASED TOBACCO CESSATION REFERRALS FOR PATIENTS UNDERGOING TREATMENT TO ASSIST THEM IN QUITTING. WE ARE ALSO ADDRESSING PATIENT BARRIERS THAT MAY IMPACT THEIR TREATMENT. THESE MEASURES INCLUDE TRANSPORATION ASSISTANCE, MEDICATION ASSISTANCE AND FINANCIAL ASSISTANCE.

MARY BIRD PERKINS OUR LADY OF THE LAKE CANCER CENT:

PART V, SECTION B, LINE 22D: THE HOSPITAL FACILITY USED A LOOK-BACK METHOD BASED ON CLAIMS ALLOWED BY MEDICARE FEE-FOR-SERVICE DURING A PRIOR 12-MONTH PERIOD.

MARY BIRD PERKINS CANCER CENTER @ TGM:

PART V, SECTION B, LINE 22D: THE HOSPITAL FACILITY USED A LOOK-BACK METHOD BASED ON CLAIMS ALLOWED BY MEDICARE FEE-FOR-SERVICE DURING A PRIOR 12-MONTH PERIOD.

MARY BIRD PERKINS CANCER CENTER @ ST.TAMMANY PARIS:

PART V, SECTION B, LINE 22D: THE HOSPITAL FACILITY USED A LOOK-BACK METHOD BASED ON CLAIMS ALLOWED BY MEDICARE FEE-FOR-SERVICE DURING A PRIOR 12-MONTH PERIOD.

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

(This area is for supplemental information. It contains horizontal lines for text entry.)

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.

PART III, SECTION C, LINE 9B

THE PROVISIONS ON THE COLLECTION TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE ARE SET FORTH IN THE POLICY AS FOLLOWS: "TWENTY-FOUR (24) MONTHS IS THE MAXIMUM NUMBER OF MONTHS ALLOWED FOR AN EXTENDED PAYMENT PLAN, UNLESS THE PATIENT'S FINANCIAL CIRCUMSTANCES INDICATE OTHERWISE. THE PATIENT/RESPONSIBLE PARTY WILL BE INFORMED THAT ANY PAYMENT ARRANGEMENTS BEYOND (6) MONTHS WILL BE HANDLED BY AN OUTSIDE AGENCY FOR BILLING AND MONITORING PURPOSES ONLY. THE PATIENT/RESPONSIBLE PARTY WILL BE REMINDED THAT: A.THIS IS NOT A COLLECTION AGENCY; B.THEY WILL RECEIVE MONTHLY STATEMENTS FROM THE AGENCY; AND, C.THEIR PAYMENTS SHOULD BE MAILED DIRECTLY TO THE AGENCY."

PART III, SECTION A, LINE 4

THE CENTER PROVIDES CREDIT IN THE NORMAL COURSE OF OPERATION TO BOTH PATIENTS LOCATED PRIMARILY IN SOUTHEASTERN LOUISIANA AND INSURANCE COMPANIES CONDUCTING OPERATIONS IN THIS AREA. THE CENTER MAINTAINS AN ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED ON MANAGEMENT'S ASSESSMENT OF COLLECTABILITY WHICH CONSIDERS CURRENT ECONOMIC CONDITIONS AND PRIOR

Part VI Supplemental Information (Continuation)

EXPERIENCE. THE CENTER DETERMINES IF PATIENT ACCOUNTS RECEIVABLE ARE PAST-DUE BASED ON THE ORIGINAL BILL DATE; HOWEVER, THE CENTER DOES NOT CHARGE INTEREST ON PAST-DUE ACCOUNTS. THE CENTER CHARGES OFF PATIENT ACCOUNTS RECEIVABLE IF MANAGEMENT CONSIDERS THE COLLECTION OF THE OUTSTANDING BALANCES TO BE DOUBTFUL.

PART III, SECTION B, LINE 8

THE SHORT FALL AS IT RELATES TO THIS QUESTION SHOULD BE TREATED AS A COMMUNITY BENEFIT IN THAT CARE IS PROVIDED TO MEMBERS OF OUR COMMUNITY AT LESS THAN THE ALLOWABLE COST. THE MEDICARE ALLOWABLE COSTS OF CARE RELATING TO PAYMENTS ON LINE 5 ARE CALCULATED BY TAKING ALL MEDICARE WRVUS MULTIPLIED BY MARY BIRD PERKINS CANCER CENTER'S TOTAL COSTS PER WRVU.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization

MARY BIRD PERKINS CANCER CENTER

Employer identification number

23-7010520

Part I Questions Regarding Compensation

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

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

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a** The organization?
- b** Any related organization?

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

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

- a** The organization?
- b** Any related organization?

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

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

Part III Supplemental Information

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

PART I, LINE 4B:

TODD STEVENS - \$49,457 DEFERRED COMPENSATION

PAUL NOWACKI - \$25,000 DEFERRED COMPENSATION

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. ► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

MARY BIRD PERKINS CANCER CENTER

Employer identification number
23-7010520

Part I Bond Issues SEE PART VI FOR COLUMN (F) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
LA. COMMUNITY A DEVELOPMENT AUTHORITY	72-1416168	NONE	12/22/09	2,000,000.	PURCHASE ASSETS		X		X		X
LA. COMMUNITY B DEVELOPMENT AUTHORITY	72-1416168	NONE	12/07/10	12,759,990.	OFFICE AND EQUIPMENT IMPROVE-		X		X		X
LA. COMMUNITY C DEVELOPMENT AUTHORITY	72-1416168	NONE	08/30/13	15,500,000.	BUILDING IMPROVEMENTS		X		X		X
D											

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue		2,000,000.		12,759,990.		15,500,000.		
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds				64,167.		27,500.		
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		2,000,000.		12,695,823.		15,472,500.		
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2008		2010		2013			
14 Were the bonds issued as part of a current refunding issue?		X		X		X		No
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		
16 Has the final allocation of proceeds been made?	X		X		X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

532121
10-22-15

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

67

Schedule K (Form 990) 2015

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		
b Exception to rebate?		X		X		X		
c No rebate due?		X		X		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X		X			
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?		X		X		X		
e Was the hedge terminated?		X		X		X		

Part IV Arbitrage (Continued)

5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	A	B	C	D
		Yes	No	Yes	No
		X	X		X
b	Name of provider				
c	Term of GIC				
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?				
6	Were any gross proceeds invested beyond an available temporary period?	X	X	X	
7	Has the organization established written procedures to monitor the requirements of section 148?	X	X	X	

Part V Procedures To Undertake Corrective Action

	A	B	C	D
	Yes	No	Yes	No
	X	X		X

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions)**SCHEDULE K, PART I, BOND ISSUES:**

(A) ISSUER NAME: LA. COMMUNITY DEVELOPMENT AUTHORITY

(F) DESCRIPTION OF PURPOSE: OFFICE AND EQUIPMENT IMPROVEMENTS

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

2015

**Open To Public
Inspection**

Name of the organization

MARY BIRD PERKINS CANCER CENTER

Employer identification number

23-7010520

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

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
TODD STEVENS	SEE PT V	SEE PT V		X	200,000.	90,725.		X	X		X	

Total

▶ \$ 90,725.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2015

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
BRETT FURR	BRETT FURR IS A BOA	36,073.	THE ORGANIZ		X

Part V Supplemental Information

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

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: TODD STEVENS

(B) RELATIONSHIP WITH ORGANIZATION: CHIEF EXECUTIVE OFFICER

(C) PURPOSE OF LOAN: ADDENDUM TO EMPLOYMENT CONTRACT

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 200,000. (F) BALANCE DUE \$ 90,725.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: BRETT FURR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BRETT FURR IS A BOARD MEMBER OF THE ORG, AND A PARTNER OF TAYLOR PORTER

(C) AMOUNT OF TRANSACTION \$ 36,073.

(D) DESCRIPTION OF TRANSACTION: THE ORGANIZATION PAID TAYLOR PORTER \$36,073 FOR LEGAL SERVICES. BRETT FURR, A BOARD MEMBER OF THE ORGANIZATION, IS ALSO A PARTNER OF TAYLOR PORTER.

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

2015

**Open to Public
Inspection**

Name of the organization

MARY BIRD PERKINS CANCER CENTER

Employer identification number
23-7010520

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CARE, EARLY DETECTION, RESEARCH, AND EDUCATION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

JUNE 30, 2015 WERE PROVIDED ACCESS TO NATIONAL AND LOCAL CLINICAL RESEARCH TRIALS INVESTIGATING WAYS TO BETTER PREVENT, DETECT, DIAGNOSE, AND TREAT CANCER. MBPCC IS ACCREDITED BY THE AMERICAN COLLEGE OF RADIOLOGY AND THE AMERICAN COLLEGE OF SURGEONS - TWO NATIONALLY RECOGNIZED ACCREDITING ORGANIZATIONS. DURING JANUARY 1 THROUGH JUNE 30, APPROXIMATELY 60% OF ITS GROSS PATIENT REVENUE WAS DERIVED FROM PATIENT PARTICIPATION IN EITHER THE MEDICARE OR MEDICAID PROGRAM. MBPCC IS THE SOLE PROVIDER OF RADIATION THERAPY SERVICES TO PATIENTS OF LSU HEALTH CARE SERVICES AND LALLIE KEMP REGIONAL MEDICAL CENTER, BOTH PUBLIC HOSPITALS SERVING THE MEDICALLY INDIGENT POPULATION IN SOUTHEAST LOUISIANA. COSTS, INCURRED JANUARY 1 THROUGH JUNE 30, TO PROVIDE CARE IN EXCESS OF REIMBURSEMENT RECEIVED FROM THE MEDICARE AND MEDICAID PROGRAMS WERE \$1,086,566.71. MBPCC ALSO PROVIDED \$224,729.14 OF DISCOUNTS AND WAIVED COLLECTION EFFORTS UNDER ITS PATIENT DISCOUNT POLICY FOR THOSE QUALIFYING PATIENTS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

OF PUBLIC AND PROFESSIONAL EDUCATION, CLINICAL TRIALS, AND CANCER RESEARCH. DURING JANUARY 1 THROUGH JUNE 30, 2015, THE CANCER PROGRAMS SCREENED 3,657 PEOPLE AT 162 FREE CANCER SCREENING EVENTS FOR BREAST, PROSTATE, ORAL, COLON, AND SKIN CANCERS. SINCE 2002, OVER 70,000 PEOPLE THROUGHOUT SOUTHEAST LOUISIANA HAVE BEEN SCREENED FOR

Name of the organization

MARY BIRD PERKINS CANCER CENTER

Employer identification number

23-7010520

CANCER AT NO COST TO THE PARTICIPANTS. DURING JANUARY 1 THROUGH JUNE 30, 2015, 724 (20%) OF THE SCREENED PARTICIPANTS WERE NAVIGATED DUE TO ABNORMAL FINDINGS. FOR THE UNINSURED, GRANTS AND DONATIONS PROVIDED FUNDING FOR FOLLOW-UP TESTS, SUCH AS COLONOSCOPIES AND BIOPSIES. EDUCATIONAL PROGRAMS REGARDING CANCER WERE CONDUCTED FOR 327 MEDICAL PROFESSIONALS AND 1,688 PEOPLE ATTENDING COMMUNITY EVENTS. EACH CANCER PROGRAM RELIES ON GRANTS AND PHILANTHROPY TO FUND THESE SERVICES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: SUPPLIES. ALSO, MBPCC HAS NUMEROUS RESEARCH GRANTS, WHICH PROVIDE FUNDING FOR ITS MEDICAL PHYSICISTS, SUPPORT STAFF, POSTDOCTORAL FELLOWS, AND LSU GRADUATE RESEARCH ASSISTANTS.

FORM 990, PART VI, SECTION A, LINE 1:

THE BOARD OF DIRECTORS CONSISTS OF 21 VOTING MEMBERS, 20 OF WHICH ARE CONSIDERED INDEPENDENT. THE CHIEF EXECUTIVE OFFICER IS A MEMBER OF THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS IS COMPOSED OF BUSINESS PROFESSIONALS, CIVIC AND COMMUNITY LEADERS, AND EDUCATORS DRAWN FROM THE COMMUNITIES AND AREAS SERVED BY MARY BIRD PERKINS CANCER CENTER. ALL MEMBERS OF THE BOARD OF DIRECTORS ARE ACTIVELY ENGAGED IN THE GOVERNANCE OF MBPCC AND AWARE OF ITS ACTIVITIES THROUGH THEIR ASSIGNMENT TO CERTAIN BOARD AUTHORIZED COMMITTEES. THE EXECUTIVE COMMITTEE IS AUTHORIZED TO TRANSACT ANY AND ALL BUSINESS OF MBPCC BETWEEN THE MEETINGS OF THE BOARD OF DIRECTORS, PROVIDED THAT ANY ACTION TAKEN SHALL NOT CONTRAVENE SPECIFICALLY ADOPTED POLICIES OF THE BOARD OF DIRECTORS OR THE ARTICLES OF INCORPORATION. THE FINANCE COMMITTEE SHALL REVIEW THE ANNUAL BUDGET PREPARED BY THE PRESIDENT AND RECOMMEND TO THE BOARD OF DIRECTORS AN ANNUAL BUDGET FOR THE OPERATION OF MBPCC. IT SHALL SUPERVISE INVESTMENTS, IF ANY,

Name of the organization

MARY BIRD PERKINS CANCER CENTER

Employer identification number

23-7010520

AND ATTEND TO ALL FISCAL MATTERS, AND SHALL CAUSE THE ANNUAL AUDIT TO BE CONDUCTED. THE PROFESSIONAL AFFAIRS COMMITTEE SHALL ADDRESS, AT LEAST, THE FOLLOWING AREAS: THE QUALITY IMPROVEMENT PROGRAM; CONTRACTUAL RELATIONSHIPS WITH PHYSICIANS; DENTISTS AND OTHER MEDICAL SUPPORT PERSONNEL; MEDICAL/PHYSICS/DENTAL STAFF BYLAWS; STAFFING PRIVILEGES; MEMBERSHIP AND CREDENTIALING; OUTSIDE REVIEW AND ACCREDITATION; MEDICAL EDUCATION; BASIC AND CLINICAL RESEARCH; AND RADIATION SAFETY. THE COMPENSATION COMMITTEE SHALL ANNUALLY REVIEW THE SALARY AND WAGE ADMINISTRATION PROGRAM AND BENEFITS PACKAGE FOR MBPCC'S STAFF TO ENSURE THAT A COMPETITIVE POSITION IS MAINTAINED IN EMPLOYMENT AND THAT THE COMPENSATION PROGRAM CONTINUES TO ENABLE THE ATTRACTION OF HIGH QUALITY PERSONNEL TO MEET THE GOALS OF MBPCC.

FORM 990, PART VI, SECTION A, LINE 4:

MARY BIRD PERKINS CANCER CENTER ADOPTED A JULY 1 - JUNE 30 FISCAL YEAR.

FORM 990, PART VI, SECTION B, LINE 11:

INFORMATION FOR THE FORM 990 IS GATHERED BY MBPCC'S ACCOUNTING DEPARTMENT AND PROVIDED TO POSTLETHWAITE & NETTERVILLE, AN INDEPENDENT PROFESSIONAL ACCOUNTING FIRM, FOR PREPARATION. EACH SECTION OF THE RETURN IS REVIEWED BY THE RESPONSIBLE FUNCTIONAL AREA OF THE ORGANIZATION AND A COMPLETE DRAFT IS PROVIDED TO MBPCC'S CHIEF FINANCIAL OFFICER. PROPOSED CHANGES TO THE DRAFT ARE DISCUSSED WITH REPRESENTATIVES OF POSTLETHWAITE & NETTERVILLE. AFTER THE CHIEF FINANCIAL OFFICER CONSIDERS THE RETURN TO BE IN FINAL FORM, AND BEFORE ITS FILING, THE FINANCE AND AUDIT COMMITTEE OF THE BOARD OF DIRECTORS IS PRESENTED WITH A COPY FOR THEIR REVIEW AND APPROVAL. ANY CHANGES PROPOSED BY THE FINANCE AND AUDIT COMMITTEE ARE DIRECTED TO THE CHIEF FINANCIAL OFFICER, THE APPROPRIATE SENIOR MANAGER OF THE FUNCTIONAL

Name of the organization

MARY BIRD PERKINS CANCER CENTER

Employer identification number

23-7010520

AREA, AND WHERE NECESSARY, POSTLETHWAITE & NETTERVILLE FOR CONSIDERATION.

THE RETURN IS ONLY FILED AFTER EACH OF THE STEPS IN THE REVIEW PROCESS IS COMPLETE. A FINAL VERSION OF THE FORM IS MADE AVAILABLE TO THE ENTIRE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

MBPCC HAS A CONFLICT OF INTEREST POLICY AND CONSISTENTLY MONITORS AND ENFORCES ITS PROVISIONS. ANNUALLY, ALL DIRECTORS AND KEY MANAGEMENT PERSONNEL SUBMIT TO THE CHAIRMAN OF THE BOARD AND CHIEF EXECUTIVE OFFICER A CONFLICT OF INTEREST DISCLOSURE STATEMENT LISTING ALL FINANCIAL AND CONFLICTING INTERESTS AND AMENDMENTS THERETO DURING THE YEAR AS ANY ADDITIONAL FINANCIAL OR CONFLICTING INTERESTS ARISE. THE STATEMENT INCLUDES AN ACKNOWLEDGEMENT THAT THE PERSON SIGNING THE FORM: I) RECEIVED A COPY OF THE POLICY AND BY LAWS; II) HAS READ AND UNDERSTANDS THIS ARTICLE; III) AGREES TO COMPLY WITH THE PROVISIONS OF THIS ARTICLE; IV) UNDERSTANDS THAT THIS ARTICLE APPLIES TO THE BOARD AND ALL BOARD COMMITTEES; AND V) UNDERSTANDS THAT THIS CORPORATION AND ITS AFFILIATES ARE ORGANIZED TO ADVANCE CHARITABLE PURPOSES AND THAT IN ORDER TO MAINTAIN TAX-EXEMPT STATUS, THEY MUST CONTINUOUSLY ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF THEIR TAX-EXEMPT PURPOSES. THE BYLAWS FURTHER STATE THAT WHERE A MATTER BROUGHT BEFORE THE BOARD, OR BOARD COMMITTEE, GIVES RISE TO A POTENTIAL CONFLICT OF INTEREST, THE FOLLOWING ADDITIONAL STEPS MAY BE TAKEN AT THE DIRECTION OF THE BOARD: I) THE AFFECTED PERSON, AFTER THE DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANSWERING ANY QUESTIONS THAT MIGHT BE ASKED OF HER/HIM, SHALL WITHDRAW FROM THE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON; II) IF A CONFLICT EXISTS, THE INTERESTED PERSON SHALL REMAIN OUT OF THE MEETING FOR SO LONG AS THE

Name of the organization

MARY BIRD PERKINS CANCER CENTER

Employer identification number

23-7010520

BOARD, OR COMMITTEE CHAIRMAN, SHALL DETERMINE; III) THE INTERESTED PERSON SHALL NOT BE COUNTED IN DETERMINING THE EXISTENCE OF A QUORUM, NOR ALLOWED TO PARTICIPATE IN THE DELIBERATIONS OR VOTE ON THE ITEM THAT CREATED THE CONFLICT; IV) THE BOARD, OR BOARD COMMITTEE, SHALL DETERMINE BY A MAJORITY VOTE OF THE NON-INTERESTED PERSONS PRESENT, THAT THE TRANSACTION OR ARRANGEMENT IS IN THE CORPORATION'S BEST INTEREST AND FOR ITS OWN BENEFIT; IS FAIR AND REASONABLE TO THE CORPORATION; AND, AFTER EXERCISING DUE DILIGENCE, SHALL DETERMINE THAT THE CORPORATION CANNOT OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORT UNDER THE CIRCUMSTANCES; V) IN THE EVENT THAT A MEMBER OF THE BOARD OF DIRECTORS DEVELOPS A FINANCIAL OR CONFLICTING INTEREST THAT IS INSURMOUNTABLE, S/HE SHALL RESIGN FROM HIS / HER POSITION ON THE BOARD OF DIRECTORS. PROCEDURES FOR ADEQUATE RECORD KEEPING DIRECT THAT THE MINUTES OF THE BOARD MEETINGS AND ALL COMMITTEES WITH BOARD-DELEGATED POWERS SHALL INCLUDE:

1. THE NAMES OF THE PERSONS WHO DISCLOSED FINANCIAL OR CONFLICTING INTERESTS, THE NATURE OF THE FINANCIAL OR CONFLICTING INTERESTS AND WHETHER THE BOARD DETERMINED THERE WERE FINANCIAL OR CONFLICTING INTERESTS; AND
2. THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELATING TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF THESE DISCUSSIONS, INCLUDING ANY ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND A RECORD OF THE VOTE.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS, WHOSE COMPOSITION CONSISTS OF INDEPENDENT DIRECTORS, CONDUCTS A COMPREHENSIVE ANNUAL REVIEW OF ALL COMPENSATION AND BENEFITS, PROVIDED TO THE ORGANIZATION'S OFFICERS AND KEY MANAGEMENT PERSONNEL, INCLUDING THE CHIEF EXECUTIVE OFFICER. THIS ANNUAL REVIEW COMPARES THE TOTAL COMPENSATION AND VALUE OF BENEFITS

Name of the organization

MARY BIRD PERKINS CANCER CENTER

Employer identification number

23-7010520

PROVIDED TO THE SENIOR MANAGEMENT TEAM, ON A POSITION BY POSITION BASIS, TO THAT PROVIDED TO FUNCTIONALLY SIMILAR POSITIONS IN SIMILARLY SITUATED ORGANIZATIONS. THIS REVIEW IS CONDUCTED BY THE COMMITTEE WITH THE ASSISTANCE OF THE VICE PRESIDENT-HUMAN RESOURCES. THE COMMITTEE DETERMINES ALL ASPECTS OF THE COMPENSATION AND BENEFITS OF THE CHIEF EXECUTIVE OFFICER. THE ORGANIZATION BELIEVES IT IS IN FULL COMPLIANCE WITH SECTION 4958 OF THE INTERNAL REVENUE CODE, PROVIDES NO MORE THAN REASONABLE AND FAIR MARKET VALUE COMPENSATION AND BENEFITS FOR ITS EMPLOYEES AND DOES NOT PROVIDE ANY EXCESS COMPENSATION OR BENEFITS AS PROHIBITED BY SECTION 4958.

FORM 990, PART VI, SECTION C, LINE 18:

AVAILABLE UPON REQUEST

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE UPON REQUEST

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

EARNINGS FROM SUBSIDIARY 72,114.

TRANSFER TO MARY BIRD PERKINS CANCER CENTER FOUNDATION -10,000.

ROUNDING 10.

TOTAL TO FORM 990, PART XI, LINE 9 62,124.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR.

AMENDED FORM 990: REASON FOR AMENDING

FORM 990 WAS AMENDED TO INCLUDE SCHEDULE H WHICH WAS NOT INCLUDED IN

Name of the organization

MARY BIRD PERKINS CANCER CENTER

Employer identification number

23-7010520

THE ORIGINAL RETURN.

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

[illegible]

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.

[illegible]

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?**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) MARY BIRD PERKINS CANCER CENTER FOUNDATION	B	10,000.FAIR MARKET VALUE	
(2) MARY BIRD PERKINS CANCER CENTER FOUNDATION	C	109,110.FAIR MARKET VALUE	
(3) INTEGRATED ONCOLOGY SOLUTIONS	Q	2,100.FAIR MARKET VALUE	
(4) ST. ELIZABETH - MARY BIRD PERKINS CANCER CENTER	O	319,869.FAIR MARKET VALUE	
(5)			
(6)			

Part VII Supplemental Information

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:**NAME OF RELATED ORGANIZATION:**

ST. ELIZABETH - MARY BIRD PERKINS CANCER CENTER

PRIMARY ACTIVITY: TO IMPROVE SURVIVORSHIP AND LESSEN THE BURDEN OF CANCER