

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2012

Open to Public Inspection

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

A For the 2012 calendar year, or tax year beginning 10-01-2012, 2012, and ending 09-30-2013

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: City of Hope. D Employer identification number: 95-3435919. E Telephone number: (626) 930-5445. F Name and address of principal officer: Robert Stone, 1500 East Duarte Road, Duarte, CA 91010. H(a) Is this a group return for affiliates? No. H(b) Are all affiliates included? No. H(c) Group exemption number. I Tax-exempt status: 501(c)(3). J Website: www.cityofhope.org. K Form of organization: Corporation. L Year of formation: 1980. M State of legal domicile: CA.

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), and Expenses (lines 13-19). Includes Net Assets or Fund Balances (lines 20-22) with Prior Year and Current Year columns.

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: RICHARD MAGNUSON CFO, Date: 2014-08-11.

Paid Preparer Use Only: Preparer's name: KARA ADAMS, Firm's name: ERNST & YOUNG US LLP, Firm's address: 18111 VON KARMAN AVENUE SUITE 1000, IRVINE, CA 92612.

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission

SEE SCHEDULE O

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 \$ 211,168,997 including grants of \$ 211,168,997) (Revenue \$ 0)
GRANTS MADE TO SUPPORT MEDICAL RESEARCH AND HEALTH CARE ACTIVITIES OF THE CITY OF HOPE NATIONAL MEDICAL CENTER AND THE BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE

4b (Code) (Expenses \$ 4,059,491 including grants of \$ 0) (Revenue \$ 0)
A VARIETY OF SOCIAL SERVICES INCLUDING COMMUNITY OUTREACH, ADVOCACY AND HEALTH EDUCATION, HEALTH, PREVENTION, TREATMENT AND SURVIVORSHIP INFORMATION FOR PATIENTS AND FAMILIES, PUBLIC INFORMATION AND EDUCATION IN CANCER, DIABETES AND HIV/AIDS AWARENESS AND EDUCATION, CHARITY CARE, BIOMEDICAL RESEARCH AND VARIOUS MEDICAL EDUCATION ACTIVITIES CONDUCTED AT THE MEDICAL CENTER AND THE BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 215,228,488

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Answer. Rows include questions 21 through 38 regarding grants, tax-exempt bonds, excess benefit transactions, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V [X]

Table with columns for question number, question text, and Yes/No columns. Includes sub-questions 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7c, 7d, 7e-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b. Values include 247, 5, 214, and various Yes/No responses.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (15), 2 (No), 3 (No), 4 (Yes), 5 (No), 6 (Yes), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (Yes), 10b (Yes), 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 (List of states), 18 (Form 1023/1024 availability), 19 (Disclosure of documents), 20 (Person with books/records).

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question 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, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c	3,879,236				
	d Related organizations 1d	17,332,691				
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	101,253,837				
	g Noncash contributions included in lines 1a-1f \$	710,892				
	h Total. Add lines 1a-1f ▶	122,465,764				
	Program Service Revenue	2a _____ Business Code _____				
b _____						
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f ▶		0				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts) ▶	9,093,985			9,093,985
	4 Income from investment of tax-exempt bond proceeds . . . ▶	0				
	5 Royalties ▶	246,767,233			246,767,233	
	6a Gross rents	(i) Real	797,881			
		(ii) Personal				
		b Less rental expenses	3,993			
	c Rental income or (loss)	793,888	0			
	d Net rental income or (loss) ▶	793,888			793,888	
	7a Gross amount from sales of assets other than inventory	(i) Securities	232,163,586	1,012,294		
		(ii) Other				
		b Less cost or other basis and sales expenses	222,280,667	964,683		
	c Gain or (loss)	9,882,919	47,611			
	d Net gain or (loss) ▶	9,930,530			9,930,530	
	8a Gross income from fundraising events (not including \$ 3,879,236 of contributions reported on line 1c) See Part IV, line 18	a	1,074,597			
		b Less direct expenses b	524,764			
		c Net income or (loss) from fundraising events . . . ▶	549,833			549,833
	9a Gross income from gaming activities See Part IV, line 19	a	7,160			
		b Less direct expenses b	7,760			
		c Net income or (loss) from gaming activities . . . ▶	-600			-600
	10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold b						
c Net income or (loss) from sales of inventory . . . ▶		0				
Miscellaneous Revenue	Business Code					
11a INVESTMENT INCOME FROM K-1'S	595990	-113,132		-113,132		
b MISCELLANEOUS INCOME	900099	197,267			197,267	
c UNCLAIMED PROPERTY	900099	500			500	
d All other revenue						
e Total. Add lines 11a-11d ▶		84,635				
12 Total revenue. See Instructions ▶		389,685,268		-113,132	267,332,636	

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 to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	211,168,997	211,168,997		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,374,155	284,571	1,098,157	991,427
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	26,133		26,133	
7	Other salaries and wages	16,171,078	1,890,484	6,869,321	7,411,273
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	740,415	83,674	312,867	343,874
9	Other employee benefits	2,117,804	249,327	877,918	990,559
10	Payroll taxes	1,218,010	143,570	515,718	558,722
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	590,440		590,440	
c	Accounting	37,945		37,945	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	3,234,243			3,234,243
f	Investment management fees	1,293,699		1,293,699	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,623,910	163,726	3,668,866	791,318
12	Advertising and promotion	1,444,915	411,358	423,582	609,975
13	Office expenses	3,415,797	228,293	1,015,721	2,171,783
14	Information technology	748,002	280	746,273	1,449
15	Royalties	0			
16	Occupancy	1,590,084	192,876	636,769	760,439
17	Travel	703,598	89,787	262,414	351,397
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	806,143	27,322	587,914	190,907
20	Interest	6,618		6,618	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,838,436	235,386	662,492	940,558
23	Insurance	0			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	DUES AND SUBSCRIPTIONS	122,022	10,238	71,341	40,443
b	TAX AND LICENSES	34,236		15,614	18,622
c	PATENT	115,998		115,998	
d	MISCELLANEOUS	622,218	48,599	227,131	346,488
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	255,044,896	215,228,488	20,062,931	19,753,477
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 <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	12,470,439	2,607,485	3,547,308	6,315,646

Part X Balance Sheet

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

Table with columns (A) Beginning of year, (B) End of year, and rows for Assets (1-16) and Liabilities (17-26). Includes sub-sections for Net Assets or Fund Balances (27-34) and a checkbox for SFAS 117 (ASC 958) compliance.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	389,685,268
2	Total expenses (must equal Part IX, column (A), line 25)	2	255,044,896
3	Revenue less expenses Subtract line 2 from line 1	3	134,640,372
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	601,422,645
5	Net unrealized gains (losses) on investments	5	35,397,632
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	1,174,425
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	772,635,074

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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		No
2b	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	Yes	
2c	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	Yes	
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?		No
3b	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		

Software ID:
Software Version:
EIN: 95-3435919
Name: City of Hope

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Alexander Cappello Board Member	2.0 0.0	X						0	0	0
Anthony Scott Board Member	2.0 0.0	X						0	0	0
Eddy W Hartenstein Board Member	2.0 0.0	X						0	0	0
Harry Levitt Board Member	2.0 0.0	X						0	0	0
Jody Horowitz Marsh Board Member	2.0 2.0	X						0	0	0
John Boushy Board Member	2.0 0.0	X						0	0	0
Michael E Keane Board Member	2.0 0.0	X						0	0	0
Norman Payson Board Member	2.0 2.0	X						0	0	0
Robert Cook Board Member	2.0 0.0	X						0	0	0
Rodney Freeman Board Member	2.0 0.0	X						0	0	0
Ronald Silverman Board Member	2.0 0.0	X						0	0	0
Selwyn Isakow Board Member	2.0 0.0	X						0	0	0
Sheri Biller Board Chair	3.0 0.0	X						0	0	0
Terry Peets Board Member	2.0 0.0	X						0	0	0
William Scott Board Member - Part Year	2.0 0.0	X						0	0	0
Randolph Beatty Board Member	2.0 2.0	X						0	0	0
Gregory Schetina General Counsel & Secretary	3.0 57.0			X				0	816,701	61,136
Kathleen Kane Chief Philan & Ext Relat Ofc	60.0 0.0			X				1,249,092	0	0
Michael Friedman MD CHIEF EXECUTIVE OFFICER	3.0 57.0			X				0	1,612,965	76,578
Paul Blodgett SVP Major Gifts	60.0 0.0			X				448,023	0	40,210
Robert W Stone PRESIDENT	3.0 57.0			X				0	1,283,726	69,133
William Sargeant Chief Operating Officer	3.0 57.0			X				0	872,345	83,294
Richard Magnuson Treasurer/CFO	3.0 57.0			X				0	0	0
Wael Fakhry Interim Treasurer/SVP Fin Ops	3.0 57.0			X				0	392,336	26,007
Alan Levey SVP Strategic Planning	60.0 0.0				X			400,296	0	51,191

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mary Koppel SVP, Communications	60 0 0 0				X			315,929	0	47,109
Amy Goldman VP Gift Planning	60 0 0 0					X		282,857	0	26,416
David Carter VP Finance & Admin	60 0 0 0					X		286,435	0	35,463
Steven G Martin AVP Communications	60 0 0 0					X		290,922	0	29,905
Noelle Gervais VP, Foundation Relations	60 0 0 0					X		250,519	0	36,521
Tina Pakfar VP, Major Gifts	60 0 0 0					X		256,508	0	48,088
Dennis F Rusch Former Officer	0 0 0 0						X	0	180,901	3,999
Gary Conner Former Officer	0 0 0 0						X	0	777,953	27,061
Valerie Bingham Former Officer-VP/Controller	5 0 55 0						X	0	423,468	43,422
Virginia Opiare Former Officer	5 0 55 0						X	0	676,986	16,157

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
City of Hope

Employer identification number
95-3435919

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	108,226,742	100,269,378	81,778,221	91,357,677	122,465,764	504,097,782
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	108,226,742	100,269,378	81,778,221	91,357,677	122,465,764	504,097,782
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)						2,794,259
6 Public support. Subtract line 5 from line 4						501,303,523

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	108,226,742	100,269,378	81,778,221	91,357,677	122,465,764	504,097,782
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	197,809,417	206,479,683	204,040,515	226,844,832	256,545,967	1,091,720,414
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	718,122	294,376	265,668	549,833	1,827,999
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	215,105	390,534	254,993	247,192	197,767	1,305,591
11 Total support (Add lines 7 through 10)						1,598,951,786
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 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 2012 (line 6, column (f) divided by line 11, column (f))	14	31.352 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	31.330 %

- 16a 33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2012.** 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—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Facts And Circumstances Test

Explanation

CITY OF HOPE HAS A CALCULATED PUBLIC SUPPORT PERCENTAGE FOR TAX YEAR 2012 OF 31 2/5 PERCENT, WHICH IS JUST BELOW THE 33 1/3 PERCENTAGE REQUIRED UNDER THE PUBLIC SUPPORT TEST INCLUDED IN TOTAL SUPPORT IS REVENUE FROM ONE LICENSING ARRANGEMENT UNDER WHICH CITY OF HOPE LICENSED TO GENENTECH, INC SUBSTANTIAL RIGHTS IN THREE PATENTS IN EXCHANGE FOR THE PAYMENT OF ROYALTIES THESE PATENTS ARE CO-OWNED WITH GENENTECH, AND EMERGED FROM RESEARCH DONE IN THE EARLY 1980S BY TWO CITY OF HOPE SCIENTISTS, WORKING IN COLLABORATION WITH GENENTECH SCIENTISTS, ON DEVELOPING NOVEL METHODS OF PRODUCING MONOCLONAL ANTIBODIES USING RECOMBINANT DNA TECHNOLOGY THE REVENUE RECEIVED IN CONNECTION WITH THE PATENTS IS GENERATED FROM SALES OF DRUGS BY GENENTECH AND OTHER LICENSEES THESE ROYALTY REVENUES REPRESENT APPROXIMATELY \$1,058,000,000 OVER THE FIVE FISCAL YEARS PRESENTED IN PART II, SECTION B THE INCLUSION OF THIS AMOUNT IN THE DENOMINATOR DRIVES THE PUBLIC SUPPORT PERCENTAGE DOWN REMOVING ROYALTY REVENUES FROM THE DENOMINATOR PROVIDES A PUBLIC SUPPORT PERCENTAGE WELL ABOVE THE PRESCRIBED 33 1/3 PERCENT REQUIREMENT WHILE CITY OF HOPE HAS ENJOYED ANNUAL INCREASES IN THIS REVENUE STREAM YEAR OVER YEAR, WHICH HELPS SUPPORT CITY OF HOPE'S MISSION AND PROGRAMS, THE PATENTS ARE SET TO EXPIRE IN 2018 CITY OF HOPE HAS A CONTINUOUS AND WELL DEVELOPED PROGRAM FOR SOLICITATION OF CHARITABLE CONTRIBUTIONS THIS PROGRAM INCLUDES A NATIONWIDE NETWORK OF MORE THAN TWO DOZEN INDUSTRY GROUPS, CONSISTING OF COMPANIES AND THEIR SUPPORTERS WITHIN A COMMON INDUSTRY, CHAPTER GROUPS, MADE UP OF INDIVIDUAL VOLUNTEERS IN CITIES ACROSS THE COUNTRY, AND OTHER PUBLIC CHARITIES THAT HOST FUNDRAISING EVENTS DIRECTLY BENEFITING CITY OF HOPE BEYOND THESE GROUPS, AS WELL AS CORPORATE SPONSORS AND INDIVIDUAL BENEFACTORS, CITY OF HOPE ALSO HAS A WELL DIVERSIFIED FUNDRAISING NETWORK THROUGH EMPLOYEE GIVING PROGRAMS, DIRECT MAIL CAMPAIGNS, AND SPECIAL EVENTS THAT PROMOTE CITY OF HOPE'S MISSION CITY OF HOPE RECEIVES CONTRIBUTIONS FROM A WIDE-BASE OF SUPPORTERS AS EVIDENCED IN SCHEDULE B OF THIS 990 CITY OF HOPE MAINTAINS AN ENDOWMENT FUND THAT HAS GROWN OVER THE PAST FOUR YEARS THROUGH FUNDRAISING CITY OF HOPE IS GOVERNED BY A DIVERSE BOARD WITH KNOWLEDGE AND EXPERTISE IN AREAS IMPORTANT TO CITY OF HOPE'S MISSION AND OPERATIONS AND WHICH REPRESENTS THE BROADER INTERESTS OF THE GENERAL PUBLIC

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2012

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
 ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization City of Hope	Employer identification number 95-3435919
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		15,000												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		372,460												
c	Total lobbying expenditures (add lines 1a and 1b)		387,460												
d	Other exempt purpose expenditures	255,044,896	1,333,384,115												
e	Total exempt purpose expenditures (add lines 1c and 1d)	255,044,896	1,333,771,575												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns	1,000,000	1,000,000												
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000												
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	543,709	547,607	498,406	387,460	1,977,182
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column(e))					1,500,000
f Grassroots lobbying expenditures	0	0	0	15,000	15,000

SCHEDULE D
(Form 990)

OMB No 1545-0047

Supplemental Financial Statements**2012****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.****Name of the organization**
City of Hope**Employer identification number**

95-3435919

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<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" to Form 990, Part IV, line 7.

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(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 Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	170,288,798	135,653,795	131,237,432	103,205,855	76,759,130
b Contributions	6,115,042	12,352,137	17,867,478	19,844,392	18,446,111
c Net investment earnings, gains, and losses	19,927,835	24,763,692	-10,940,266	11,665,104	10,144,727
d Grants or scholarships					
e Other expenditures for facilities and programs	2,150,192	2,219,522	2,337,696	3,372,395	2,144,113
f Administrative expenses	568,322	261,304	173,153	105,524	
g End of year balance	193,613,161	170,288,798	135,653,795	131,237,432	103,205,855

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

- a** Board designated or quasi-endowment 26.400 %
 - b** Permanent endowment 73.600 %
 - c** Temporarily restricted endowment
- The percentages in lines 2a, 2b, and 2c should equal 100%

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

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	No
(ii) related organizations	<input type="checkbox"/>	No

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

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

Part VI Land, Buildings, and Equipment. 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	1,280,447	3,365,803		4,646,250
b Buildings		6,721,936	489,593	6,232,343
c Leasehold improvements		2,135,740	1,963,472	172,268
d Equipment		15,559,793	11,508,923	4,050,870
e Other		743,386		743,386
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				15,845,117

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

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

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

Identifier	Return Reference	Explanation
ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	CITY OF HOPE'S ENDOWMENT FUNDS ARE AVAILABLE TO FUND RESEARCH, PATIENT CARE, HEALTH EDUCATION AND MEDICAL EQUIPMENT AND BUILDINGS, AS DETERMINED BY DONOR AGREEMENTS, MANAGEMENT AND THE BOARD OF DIRECTORS
FASB ASC 740 DISCLOSURE	SCHEDULE D, PART X, LINE 2	THE FOLLOWING PARAGRAPH IS FROM THE CONSOLIDATED CITY OF HOPE AND AFFILIATES (CITY OF HOPE, CITY OF HOPE AUXILIARIES (AUXILIARIES), GENBASIX, INC , THE MEDICAL CENTER, ONCOLOGY MANAGEMENT SERVICES, INC , THE MEDICAL FOUNDATION AND THE BECKMAN RESEARCH INSTITUTE) AUDITED FINANCIAL STATEMENTS AS OF SEPTEMBER 30, 2013 FINANCIAL ACCOUNTING STANDARDS BOARD, ACCOUNTING STANDARD CODIFICATION FASB ASC 740, INCOME TAXES, CLARIFIES THE ACCOUNTING FOR INCOME TAXES BY PRESCRIBING A MINIMUM RECOGNITION THRESHOLD THAT A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS FASB ASC 740 ALSO PROVIDES GUIDANCE ON DERECOGNITION, MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE AND TRANSITION THE GUIDANCE CONTAINED IN FASB ASC 740 IS APPLICABLE TO PASS-THROUGH ENTITIES AND TAX-EXEMPT ORGANIZATIONS CITY OF HOPE HAS NO SIGNIFICANT UNCERTAIN TAX POSITIONS OR TAX LIABILITY FOR TAX BENEFITS, INTEREST OR PENALTIES ACCRUED AT SEPTEMBER 30, 2013 AND 2012

efile GRAPHIC print - DO NOT PROCESS | **As Filed Data -** | **DLN: 93493226047164**

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization
City of Hope

Employer identification number

95-3435919

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total					61,344,184
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					61,344,184

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).* Yes No

Additional Data

Software ID:
Software Version:
EIN: 95-3435919
Name: City of Hope

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		61,344,184
East Asia and the Pacific			Fundraising		
Europe (Including Iceland and Greenland)			Fundraising		

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa			Fundraising		
North America			Fundraising		
South America			Fundraising		

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2012

**Open to Public
Inspection**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
City of Hope

Employer identification number
95-3435919

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Phyllis Freedman 1625 16TH STREET NW 401 WASHINGTON, DC 20009	Materials Design		No		223,697	
Market Smart LLC 5760 SUNNYSIDE AVE BELTSVILLE, MD 20705	Website Content		No		122,309	
Chapman Cubine et al 100 MONTGOMERY ST SAN FRANCISCO, CA 94104	Email/mail Solicits		No	6,495,176	2,764,710	3,730,466
Donor Services Group 6715 SUNSET BLVD LOS ANGELES, CA 90028	Phone Solicits		No	133,271	120,527	12,744
Total				6,628,447	3,231,243	3,743,210

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

All States

Part II Fundraising Events. Complete if the organization answered "Yes" to 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>NESVIG 2013GOLF</u> (event type)	<u>L.A. WALK</u> (event type)	<u>20</u> (total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	1,053,477	971,623	1,066,275	3,091,375
	2	Less Contributions	813,747	792,563	708,884	2,315,194
	3	Gross income (line 1 minus line 2)	239,730	179,060	357,391	776,181
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	231,087		570,524	801,611
	7	Food and beverages				
	8	Entertainment		3,500	96,350	99,850
	9	Other direct expenses	3,044		96,245	99,289
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				(1,000,750)
11	Net income summary Combine line 3, column (d), and line 10 ▶				-224,569	

Part III Gaming. Complete if the organization answered "Yes" to 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))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain _____
See Part IV

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- Does the organization operate 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 operated in
- | | | |
|--------------------------------------|------------|--|
| a The organization's facility | 13a | |
| 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 ▶

Address ▶ 1500 EAST DUARTE ROAD
DUARTE, CA 91010

- 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 ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV Supplemental Information. Complete this part to 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 complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
FUNDRAISING ACTIVITIES	SCHEDULE G, PART I, LINE 2B	BOTH PHYLLIS FREEDMAN AND MARKET SMART LLC PROVIDED CITY OF HOPE WITH DESIGN OF INTERNET WEBSITES AND/OR COLLATERAL MATERIALS RELATED TO PLANNED GIVING AND ESTATE PLANNING OPPORTUNITIES THERE IS NO MEANINGFUL WAY FOR CITY OF HOPE TO ATTRIBUTE GROSS RECEIPTS FROM DONOR SOURCES TO THESE ACTIVITIES DUE TO THE LONG-TIME HORIZON TYPICALLY ASSOCIATED WITH THESE GIFT GIVING VEHICLES ADDITIONALLY, INTERNET AND OTHER NEW MEDIA TECHNOLOGIES ARE DIRECTED TOWARD LARGE, HETEROGENEOUS, AND ANONYMOUS AUDIENCES THE ABILITY TO TRACK WHETHER DONATIONS WERE A RESULT OF THIS TYPE OF MARKETING OUTREACH WOULD BE UNKNOWN TO CITY OF HOPE UNLESS THE DONOR SELF-IDENTIFIED AS HAVING BEEN INFLUENCED BY THIS OUTREACH SCHEDULE G, PART I, LINE 2B, FUNDRAISER CHAPMAN, CUBINE, ET AL CHAPMAN CUBINE ADAMS HUSSEY, LTD (CCAH) IS A DIRECT RESPONSE FUNDRAISING CONSULTING FIRM WHICH PROVIDED CITY OF HOPE THE SERVICES TO RAISE FUNDS FROM THE PUBLIC THROUGH DIRECT MAIL, TELEMARKETING AND ONLINE COMMUNICATIONS TOTAL PAYMENT FOR SUCH SERVICES IS REPORTED IN SCHEDULE G, PART I LINE 2B CCAH CONTRACTED A THIRD PARTY VENDOR, PRODUCTION MANAGEMENT GROUP, AS A MAILING SERVICE PROVIDER WHICH ASSISTED CITY OF HOPE WITH ITS DIRECT MAILING AND POSTAGE NEEDS CITY OF HOPE PAID PRODUCTION MANAGEMENT GROUP DIRECTLY THE TOTAL AMOUNT OF \$1,114,463 AS PAYMENT FOR POSTAGE, ETC THIS PAYMENT IS NOT INCLUDED IN THE TOTAL AMOUNT PAID TO CCAH BUT REPORTED IN PART IX, LINE 13, COLUMN (D) AS FUNDRAISING EXPENSE

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DLN: 93493226047164

Schedule I (Form 990)

OMB No 1545-0047

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

2012

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization City of Hope

Employer identification number 95-3435919

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Includes entries for City of Hope National Medical Center and Beckman Research Institute of the COH.

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
GRANT ASSISTANCE	SCHEDULE I, PART I, LINE 2	CITY OF HOPE EXISTS TO SUPPORT ITS OPERATING SUBSIDIARY ORGANIZATIONS, THE MEDICAL CENTER, THE MEDICAL FOUNDATION, AND THE BECKMAN RESEARCH INSTITUTE THROUGH FUNDRAISING AND OTHER REVENUE SOURCES CITY OF HOPE TRANSFERS MONEY TO THE OPERATING SUBSIDIARIES TO FURTHER INNOVATIVE RESEARCH AND CANCER TREATMENT CITY OF HOPE IS THE SOLE CORPORATE MEMBER OF THE MEDICAL CENTER, THE MEDICAL FOUNDATION, AND THE BECKMAN RESEARCH INSTITUTE CITY OF HOPE AS THE PARENT ORGANIZATION MONITORS THE ACTIVITIES OF THE OPERATING SUBSIDIARIES TO ENSURE THEY ARE FULFILLING THEIR PATIENT CARE AND RESEARCH MISSIONS IN ACCORDANCE WITH THE FUNDRAISING AND GRANT MAKING ACTIVITIES OF CITY OF HOPE THROUGH DETAILED EXPENSE AND CAPITAL PURCHASE REPORTS TO ENSURE SPENDING IS IN ACCORDANCE WITH SUCH CHARITABLE MISSIONS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2012

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
City of Hope

Employer identification number

95-3435919

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input checked="" type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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 checked="" type="checkbox"/> Health or social club dues or initiation fees	<input checked="" type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<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 checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input checked="" type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in 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.</p>		No								
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	Yes									
<p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>	Yes									
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	Yes									
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		No								
<p>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</p>										
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>		No								
<p>b Any related organization?</p> <p>If "Yes," to line 5a or 5b, describe in Part III.</p>		No								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>		No								
<p>b Any related organization?</p> <p>If "Yes," to line 6a or 6b, describe in Part III.</p>		No								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	Yes									
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>		No								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

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

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

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

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

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
QUESTIONS REGARDING COMPENSATION	SCHEDULE J PART I, LINE 1A	<p>KATHLEEN KANE AND PAUL BLODGETT ARE PROVIDED WITH SOCIAL CLUB MEMBERSHIPS NECESSARY FOR VARIOUS BUSINESS RELATIONSHIP ACTIVITIES DETAILED BUSINESS RECEIPTS INDICATING WHETHER SERVICES WERE FOR BUSINESS OR PERSONAL USE ARE REQUIRED AND TO THE EXTENT THE SERVICES WERE FOR BUSINESS PURPOSES, THEY ARE REIMBURSED THE PERSONAL USE PORTION OF THE SOCIAL CLUB DUES IS INCLUDED IN SCHEDULE J, PART II, COLUMN B(III) AS OTHER REPORTABLE INCOME AND TOTALED \$1,532 FOR MS KANE AND \$4,949 FOR MR BLODGETT DURING CALENDAR YEAR 2012 CERTAIN EXECUTIVES AND OTHER EMPLOYEES LISTED IN PART VII ARE PROVIDED WITH AN AUTOMOBILE ALLOWANCE WHICH HAS BEEN INCLUDED IN TAXABLE INCOME IN SCHEDULE J, PART II, COLUMN B(III) TO THE EXTENT THE ALLOWANCE IS NOT SUBSTANTIATED BY ASSOCIATED BUSINESS MILEAGE SCHEDULE J, PART I, LINE 3 THE CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION, MICHAEL FRIEDMAN, M D, IS NOT COMPENSATED BY CITY OF HOPE, BUT BY THE MEDICAL CENTER CHIEF EXECUTIVE OFFICER COMPENSATION IS ESTABLISHED BY THE EXECUTIVE COMPENSATION AND ORGANIZATIONAL DEVELOPMENT AND GOVERNANCE COMMITTEE OF THE CITY OF HOPE BOARD OF DIRECTORS ALL SOURCES INDICATED IN LINE 3 ARE UTILIZED BY THIS COMMITTEE TO SET CHIEF EXECUTIVE OFFICER COMPENSATION SEE NARRATIVE IN SCHEDULE O, PART VI, LINE 15A SCHEDULE J, PART I, LINE 4A CITY OF HOPE'S OFFICERS AND KEY EMPLOYEES ARE ELIGIBLE TO RECEIVE FAIR COMPENSATION FOR A SPECIFIED PERIOD OF TIME IN THE EVENT OF A POSITION ELIMINATION OR OTHER NOT FOR CAUSE SEPARATION ("SEPARATION PAYMENT") ANY TAXABLE INCOME RECEIVED BY THE OFFICER OR KEY EMPLOYEE DURING SUCH PERIOD FROM ANY OTHER SOURCE IS COUNTED IN THE AGGREGATE TO REDUCE DIRECTLY, ON A DOLLAR FOR DOLLAR BASIS, THE ORGANIZATION'S SEPARATION PAYMENT DURING CALENDAR YEAR 2012 THE MEDICAL CENTER MADE SEPARATION PAYMENTS TO DENNIS RUSCH TOTALING \$154,177 AND A PENSION REPLACEMENT PAYMENT TOTALING \$26,724 AND VIRGINIA OPIPARE RECEIVED A SEPARATION PAYMENT TOTALING \$364,419 AND A PENSION REPLACEMENT PAYMENT IN THE AMOUNT OF \$32,393 THESE PAYMENTS ARE ALL INCLUDED IN SCHEDULE J, PART II, COLUMN B(II) SCHEDULE J, PART I, LINE 4B CITY OF HOPE HAS AN EXECUTIVE SUPPLEMENTAL ACCUMULATION PLAN THAT IS A NON-QUALIFIED SECTION 457(F) PLAN THE PLAN IS DESIGNED TO PROVIDE EACH DESIGNATED PARTICIPANT WITH DEFERRED COMPENSATION THE PLAN IS MAINTAINED FOR A SELECT GROUP OF MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES THE PLAN VESTS AFTER THREE (3) FISCAL YEARS OF SERVICE AND THE VESTED TOTALS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN B(III) PRIOR TO VESTING THE ANNUAL AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN C PURSUANT TO THE PLAN DOCUMENT, PARTICIPANTS, ONCE VESTED, ARE ENTITLED TO WITHDRAW FROM THEIR ACCOUNT AN AMOUNT EQUAL TO THE FEDERAL, STATE, LOCAL, AND FICA TAXES THESE AMOUNTS ARE REMITTED TO THE APPROPRIATE TAXING AUTHORITIES ON BEHALF OF THE PARTICIPANTS DURING THE CALENDAR YEAR ENDING DECEMBER 31, 2012, THE FOLLOWING INDIVIDUALS WITHDREW THE REFERENCED AMOUNTS TO COVER SUCH TAXES VALERIE BINGHAM \$ 1,162 PAUL BLODGETT \$ 6,173 DAVID CARTER \$ 3,284 MICHAEL FRIEDMAN \$22,373 AMY GOLDMAN \$ 1,260 KATHLEEN KANE \$ 4,878 ALAN LEVEY \$ 3,285 STEVEN MARTIN \$ 3,600 GREGORY SCHEITINA \$ 4,489 ROBERT STONE \$ 8,462 THESE AMOUNTS HAVE BEEN INCLUDED IN THE PARTICIPANT'S INCOME ON SCHEDULE J, PART II, COLUMN B(III) VIRGINIA OPIPARE TERMINATED EMPLOYMENT WITH CITY OF HOPE DURING THE CALENDAR YEAR ENDING DECEMBER 31, 2012 AND RECEIVED DISTRIBUTIONS FROM THE PLAN TOTALING \$185,257 WHICH HAS BEEN REPORTED AS TAXABLE COMPENSATION IN EITHER THE CURRENT YEAR OR IN A PRIOR YEAR 990 IN SCHEDULE J, PART II, COLUMN B(III) SCHEDULE J, PART I, LINE 7 THE CITY OF HOPE'S EXECUTIVES AND SOME KEY EMPLOYEES ARE ELIGIBLE TO RECEIVE INCENTIVE COMPENSATION TIED TO FIVE (5) KEY INDICATORS THE KEY INDICATORS REFLECT KEY AREAS OF STRATEGIC FOCUS AND THE EXEMPT HEALTHCARE MISSION OF THE CITY OF HOPE AND AFFILIATES AND ARE BOTH FINANCIAL AND NON-FINANCIAL THE POTENTIAL INCENTIVE COMPENSATION IS BASED ON A WEIGHTED AVERAGE AMONG ALL INDICATORS AND IS PAID AS A PERCENTAGE OF EACH INDIVIDUAL PARTICIPANT'S BASE COMPENSATION BASED UPON AN INDIVIDUAL'S GOALS AND PERFORMANCE DURING THE YEAR, THE POTENTIAL PAYOUT FOR ANY PARTICIPANT CAN BE MODIFIED UP OR DOWN BY AS MUCH AS 20% THE INCENTIVE PLAN IS UNDER THE CONTROL OF AND ADMINISTERED BY THE INDEPENDENT DIRECTORS SERVING ON THE EXECUTIVE COMPENSATION AND ORGANIZATIONAL DEVELOPMENT AND GOVERNANCE COMMITTEE CITY OF HOPE MAY IN ITS DISCRETION CANCEL ALL OR A PORTION OF ANY INCENTIVE PLAN PAYMENT OR AWARD TO ANY PARTICIPANT, WHETHER BEFORE OR FOLLOWING PAYMENT OF SUCH AWARD, SUBJECT TO COMPLIANCE WITH APPLICABLE LAW, UNDER THESE CIRCUMSTANCES A) AN INCENTIVE PLAN PAYMENT OR AWARD IS MADE FOR A FISCAL PERIOD AND CITY OF HOPE SUBSEQUENTLY RESTATES OR OTHERWISE ADJUSTS THE ANNUAL PERFORMANCE MEASUREMENT CALCULATION IN A MANNER THAT WOULD REDUCE THE SIZE OF THE AWARD OR PAYMENT, OR, B) AN INCENTIVE PLAN PAYMENT OR AWARD IS MADE FOR A FISCAL PERIOD AND CITY OF HOPE SUBSEQUENTLY DETERMINES THAT ONE OR MORE OF THE ANNUAL PERFORMANCE MEASUREMENT CALCULATIONS ON WHICH THE AWARD IS BASED ON OR IS PAID ARE MATERIALLY INACCURATE DURING CALENDAR YEAR 2012 CITY OF HOPE PAID THE INCENTIVE COMPENSATION EARNED FOR FISCAL YEARS 2011 AND 2012 THE FISCAL YEAR 2011 INCENTIVE WAS PAID IN FEBRUARY 2012, AND THE FISCAL YEAR 2012 INCENTIVE WAS PAID IN DECEMBER 2012 CITY OF HOPE'S INDEPENDENT COMPENSATION CONSULTANT RECOMMENDED THE ACCELERATION OF THE FISCAL YEAR 2012 PAYOUT FROM FEBRUARY 2013 TO CALENDAR YEAR 2012 TO MORE CLOSELY COINCIDE WITH WHEN THE ANNUAL AUDITED FINANCIAL STATEMENTS ARE APPROVED, WHICH IS A COMPENSATION BEST PRACTICE THIS ALSO MORE CLOSELY COINCIDES WITH THE END OF THE FISCAL YEAR FOR WHICH THE INCENTIVE IS EARNED THE EXECUTIVE COMPENSATION AND ORGANIZATIONAL DEVELOPMENT AND GOVERNANCE COMMITTEE APPROVED THE ACCELERATION OF THE FISCAL YEAR 2012 PAYOUT TO CALENDAR YEAR 2012, AND APPROVED MAKING THIS TIMING CHANGE APPLICABLE TO FUTURE YEARS AS WELL INCENTIVE COMPENSATION FOR FISCAL YEARS 2011 AND 2012 HAS BEEN REPORTED IN SCHEDULE J, PART II, COLUMN B(II) THE CITY OF HOPE IMPLEMENTED AN EXECUTIVE LONG TERM INCENTIVE PLAN (LTI) DURING FISCAL YEAR 2013 THE LTI IS DESIGNED TO PROVIDE A LONG TERM INCENTIVE FOR EXECUTIVES OF THE CITY OF HOPE AND AFFILIATES IN ORDER TO REALIZE KEY ORGANIZATIONAL OBJECTIVES AND GOALS TO BE ACCOMPLISHED OVER THE NEXT TEN YEAR PERIOD, IT IS CRITICAL THAT KEY EXECUTIVES BE ALIGNED WITH THE STRATEGIC PLAN THE INITIAL PERFORMANCE PERIOD OF THE PLAN (CYCLE 1) RUNS FROM OCTOBER 1, 2012 THROUGH SEPTEMBER 30, 2015 THE PARTICIPANTS MUST BE EMPLOYED BY THE CITY OF HOPE AT THE END OF THE PERFORMANCE PERIOD IN ORDER TO VEST IN THE PLAN WHILE THE LTI DOES MEET THE REQUIREMENTS FOR A SUBSTANTIAL RISK OF FORFEITURE, AS OF THE CALENDAR YEAR ENDING DECEMBER 30, 2012, THREE MONTHS OF THE POTENTIAL THREE YEAR LTI AMOUNT HAS BEEN RECORDED AS DEFERRED COMPENSATION IN SCHEDULE J, PART II, COLUMN C SCHEDULE J, PART II, COLUMN B(II) DURING CALENDAR YEAR 2012, THE ORGANIZATION MADE RETENTION COMPENSATION PAYMENTS TO CERTAIN INDIVIDUALS UNDER A STRATEGIC LEADERSHIP RETENTION BONUS PLAN PUT IN PLACE DURING CALENDAR YEAR 2010 THE PLAN COVERED THE PERIOD JULY 1, 2010 - JANUARY 1, 2012 THE PLAN INCLUDED EMPLOYEES CONSIDERED BY EXECUTIVE LEADERSHIP AS CRITICAL TO MEETING CERTAIN STRATEGIC AND BUSINESS OPERATIONAL GOALS, INCLUDING TRANSITION TO A MEDICAL FOUNDATION MODEL TO RECEIVE PAYOUT OF THE RETENTION BONUS THE EMPLOYEE HAD TO REMAIN EMPLOYED FOR THE PLAN PERIOD AND BE IN GOOD STANDING AND MEETING EXPECTATIONS AS OF JANUARY 1, 2012 THE RETENTION PLAN, PARTICIPANTS AND PAYMENT AMOUNTS WERE PUT IN PLACE AND PAID WITH THE PRIOR APPROVAL OF THE EXECUTIVE COMPENSATION AND ORGANIZATIONAL DEVELOPMENT AND GOVERNANCE COMMITTEE THE PAYMENT AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN B(II)</p>

Additional Data

[Return to Form](#)

Software ID:
Software Version:
EIN: 95-3435919
Name: City of Hope

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Alan Levey	(i) 294,109 (ii) 0	81,804 0	24,383 0	20,596 0	30,595 0	451,487 0	0 0
Amy Goldman	(i) 228,945 (ii) 0	40,554 0	13,358 0	18,491 0	7,925 0	309,273 0	0 0
David Carter	(i) 219,402 (ii) 0	54,480 0	12,553 0	18,167 0	17,296 0	321,898 0	0 0
Dennis F Rusch	(i) 0 (ii) 0	0 0	180,901 0	0 0	3,999 0	184,900 0	0 0
Gary Conner	(i) 0 (ii) 520,169	0 196,207	0 61,577	0 7,798	0 19,263	0 805,014	0 0
Gregory Schetina	(i) 0 (ii) 341,768	0 444,753	0 30,180	0 29,397	0 31,739	0 877,837	0 0
Kathleen Kane	(i) 515,805 (ii) 0	677,814 0	55,473 0	33,596 0	18,663 0	1,301,351 0	0 0
Michael Friedman MD	(i) 0 (ii) 759,704	0 650,408	0 202,853	0 46,234	0 30,344	0 1,689,543	0 0
Paul Blodgett	(i) 324,393 (ii) 0	88,013 0	35,617 0	20,596 0	19,614 0	488,233 0	0 0
Robert W Stone	(i) 0 (ii) 521,756	0 724,498	0 37,472	0 40,596	0 28,537	0 1,352,859	0 0
Steven G Martin	(i) 198,948 (ii) 0	71,769 0	20,205 0	11,493 0	18,412 0	320,827 0	0 0
Valerie Bingham	(i) 0 (ii) 204,938	0 205,611	0 12,919	0 16,829	0 26,593	0 466,890	0 0
Virginia Opipare	(i) 0 (ii) 18,359	0 102,766	0 555,861	0 1,121	0 15,036	0 693,143	0 0
Noelle Gervais	(i) 206,978 (ii) 0	36,115 0	7,426 0	22,291 0	14,230 0	287,040 0	0 0
William Sargeant	(i) 0 (ii) 503,880	0 260,350	0 108,115	0 59,892	0 23,402	0 955,639	0 0
Tina Pakfar	(i) 213,667 (ii) 0	31,366 0	11,475 0	22,515 0	25,573 0	304,596 0	0 0
Mary Koppel	(i) 239,612 (ii) 0	60,586 0	15,731 0	22,601 0	24,508 0	363,038 0	0 0
Wael Fakhry	(i) 0 (ii) 180,224	0 120,548	0 91,564	0 12,500	0 13,507	0 418,343	0 0

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2012

**Open to Public
Inspection**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
City of Hope

Employer identification number
95-3435919

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	48	367,299	Market Value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential	X	3	335,833	Appraisal
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Raffle Items)	X	13	7,760	FMV
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29	
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	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Schedule M (Form 990) (2012)

Page 2

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
USE OF THIRD PARTIES	SCHEDULE M, PART I, LINE 32B	CITY OF HOPE USES THIRD PARTY REAL ESTATE BROKERS AND AGENTS TO ASSIST IN THE SALE OF DONATED REAL ESTATE THIRD PARTY ACTIVITIES ARE MONITORED CLOSELY THROUGH CITY OF HOPE CORPORATE REAL ESTATE STAFF SELECTION OF THIRD PARTIES IS DONE THROUGH INTERVIEWS OF SEVERAL QUALIFIED INDIVIDUALS OR FIRMS AND SELECTIONS ARE BASED ON QUALIFICATIONS SUCH AS SKILL, KNOWLEDGE, EXPERIENCE, EDUCATION, LICENSURE, CERTIFICATIONS, ETC BACKGROUND AND REFERENCE CHECKS ARE CONDUCTED ON THE SELECTED THIRD PARTY ADDITIONALLY, SELECTION IS BASED ON COST AND WE REQUEST THIRD PARTIES TO DISCOUNT STANDARD COMMISSIONS, FEES AND COSTS ASSOCIATED WITH THE SERVICES THEY PROVIDE

Schedule M (Form 990) (2012)

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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 to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization
City of Hope

Employer identification number

95-3435919

Identifier	Return Reference	Explanation
VOLUNTEER ASSISTANCE	FORM 990, PART I, LINE 6	THE PHILANTHROPIC SPIRIT OF THOUSANDS OF VOLUNTEERS NATIONWIDE MAKES IT POSSIBLE FOR CITY OF HOPE AND AFFILIATES TO CONTINUE ITS LIFE-SAVING WORK THIS SUPPORT PROVIDES A MAJOR PORTION OF OUR RESEARCH AND TREATMENT BUDGET EACH YEAR AND HELPS US HELP THOSE IN NEED THROUGHOUT THE YEAR IN THE CURRENT YEAR, A SUBSTANTIAL NUMBER OF UNPAID VOLUNTEERS HAVE MADE SIGNIFICANT CONTRIBUTIONS OF THEIR TIME TO DEVELOP CITY OF HOPE'S FUNDRAISING NETWORK, PRINCIPALLY THROUGH DEVELOPMENT AND EDUCATIONAL PROGRAMS THE VALUE OF THIS CONTRIBUTED TIME IS NOT REFLECTED IN THE TAX RETURNS OR THE AUDITED FINANCIAL STATEMENTS SINCE IT IS NOT SUSCEPTIBLE TO OBJECTIVE MEASUREMENT OR VALUATION

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	CITY OF HOPE AND AFFILIATES, AN INNOVATIVE BIOMEDICAL RESEARCH, TREATMENT AND EDUCATIONAL INSTITUTION, IS DEDICATED TO THE PREVENTION AND CURE OF CANCER AND OTHER LIFE-THREATENING DISEASES, GUIDED BY A COMPASSIONATE, PATIENT-CENTERED PHILOSOPHY AND SUPPORTED BY A NATIONAL FOUNDATION OF HUMANITARIAN PHILANTHROPY

Identifier	Return Reference	Explanation
FORMS W-2G	FORM 990, PART V, LINE 1B	CITY OF HOPE ISSUES FORMS W-2G IN ACCORDANCE WITH REQUIREMENTS SET FORTH IN INTERNAL REVENUE SERVICE REGULATIONS. THE FORMS W-2G THAT ARE ISSUED BY CITY OF HOPE INCLUDE THOSE ISSUED TO PERSONS WHO WERE AWARDED PRIZES THROUGH RAFFLE OR OTHER DRAWING ACTIVITIES THAT TAKE PLACE THROUGH THE AUXILIARY NETWORK, FOR WHICH A 990 IS FILED UNDER THE NAME "CITY OF HOPE GROUP RETURN" FEIN-02-0765554

Identifier	Return Reference	Explanation
GOVERNING BODY AND MANAGEMENT	FORM 990, PART VI, SECTION A, LINE 4	<p>AT ITS MEETING ON JULY 16, 2012, THE BOARD OF DIRECTORS OF CITY OF HOPE, THE SOLE CORPORATE MEMBER OF THE MEDICAL CENTER, BECKMAN RESEARCH INSTITUTE AND MEDICAL FOUNDATION, ADOPTED RESOLUTIONS ESTABLISHING A NEW EXECUTIVE LEADERSHIP STRUCTURE FOR CITY OF HOPE. ON OCTOBER 16, 2012, THE BYLAWS WERE AMENDED TO IMPLEMENT THESE CHANGES. THE PRINCIPAL CHANGES INCLUDED SEPARATING THE ROLE OF PRESIDENT FROM THE ROLE OF CHIEF EXECUTIVE OFFICER ("CEO"), AND CREATING THE NEW POSITION OF PRESIDENT, FORMING THE OFFICE OF THE CHIEF EXECUTIVE, OF WHICH EACH OF THE CEO AND PRESIDENT IS A MEMBER, SPECIFYING THAT THE CEO REPORTS TO THE BOARD, THE PRESIDENT REPORTS TO THE CEO, THE PRESIDENT'S DUTIES ARE BY DELEGATION FROM THE CEO (TO WHOM THE BOARD DELEGATES RESPONSIBILITY FOR DAY-TO-DAY MANAGEMENT), AND THAT THE DUTIES AND RESPONSIBILITIES OF EACH OF THE CEO AND PRESIDENT, AND ANY CHANGES THERETO, ARE SUBJECT TO THE APPROVAL OF THE BOARD. ON FEBRUARY 8, 2013, THE BOARD OF DIRECTORS OF CITY OF HOPE ENDORSED CHANGES TO THE BYLAWS IMPLEMENTING CHANGES TO CITY OF HOPE'S ORGANIZATIONAL STRUCTURE. THE CHANGES INCLUDED FORMALLY RECOGNIZING THE AMBASSADOR LEADERSHIP COUNCIL, A GROUP OF EIGHT LEADERS FROM AUXILIARIES ACROSS THE COUNTRY THAT ADVISES CITY OF HOPE ON AUXILIARY MATTERS, ALLOWING "DELEGATES" (DEFINED IN THE BYLAWS AS AUXILIARY MEMBERS SELECTED TO ATTEND NATIONAL CONVENTION) TO VOTE ON COUNCIL MEMBERS FOR A THREE-YEAR TERM, AND CONVERTING CITY OF HOPE TO A NON-STATUTORY MEMBERSHIP ORGANIZATION, MEANING THAT THE BOARD OF DIRECTORS WOULD BE SOLELY RESPONSIBLE FOR APPOINTING AND CHANGING THE BOARD OF DIRECTORS, APPROVING ACCESS TO CORPORATE RECORDS, AND FOR APPROVING CERTAIN CORPORATE ACTIONS, INCLUDING THE DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF CITY OF HOPE'S ASSETS, ANY MERGER AND ITS PRINCIPAL TERMS AND ANY AMENDMENT OF THOSE TERMS, AND ANY ELECTION TO DISSOLVE CITY OF HOPE. ON APRIL 19, 2013, THE "MEMBERS" (DEFINED IN THE BYLAWS AS DELEGATES AND INCUMBENT DIRECTORS) APPROVED THE BYLAW CHANGES EFFECTIVE APRIL 20, 2013. IN ADDITION, ON MAY 17, 2013, THE CITY OF HOPE BOARD FURTHER AMENDED THE BYLAWS TO CODIFY A SCHEDULE FOR TRIENNIAL DIRECTOR ELECTIONS, AND TO CLARIFY THAT THE CHAIR OF THE BOARD, UPON THE ELECTION OF THE BOARD, SHALL DETERMINE THE MEMBERSHIP OF ALL STANDING COMMITTEES, SUBJECT TO BOARD APPROVAL. FORM 990, PART VI, SECTION A, LINE 6 ANY PERSON WHO IS A MEMBER IN GOOD STANDING OF ANY CHARTERED AUXILIARY OF CITY OF HOPE IS AN "AUXILIARY MEMBER" OF THE CORPORATION. EACH AUXILIARY MEMBER SELECTED BY HIS OR HER CHARTERED AUXILIARY TO BE A DELEGATE TO THE NATIONAL CONVENTION OF CITY OF HOPE IS A MEMBER OF THE CORPORATION, SUBJECT TO THE BYLAW CHANGES EFFECTIVE APRIL 20, 2013.</p>

Identifier	Return Reference	Explanation
POLICIES	FORM 990, PART VI, SECTION B, LINE 11B	<p>A COPY OF THE CITY OF HOPE FORM 990 IS REVIEWED BY THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD OF DIRECTORS OF CITY OF HOPE, WHICH ASSISTS THE BOARD IN FULFILLING ITS RESPONSIBILITIES REGARDING THE FINANCIAL, ACCOUNTING, AND CORPORATE COMPLIANCE MATTERS OF CITY OF HOPE. ADDITIONALLY, THE PREPARATION OF THE FORM 990 IS DONE INTERNALLY AND IS REVIEWED THOROUGHLY WITH INTERNAL LEADERSHIP, EXTERNAL PARTICIPANTS, INCLUDING EY, AND RETAINED TAX COUNSEL PRIOR TO FILING. THE CITY OF HOPE FORM 990 IS MADE AVAILABLE TO VOTING MEMBERS OF THE CITY OF HOPE BOARD OF DIRECTORS FOR REVIEW ELECTRONICALLY. CITY OF HOPE (95-3435919) IS THE SOLE CORPORATE MEMBER OF THE MEDICAL CENTER, THE MEDICAL FOUNDATION AND BECKMAN RESEARCH INSTITUTE. FORM 990, PART VI, SECTION B, LINE 12C ALL EMPLOYEES OF CITY OF HOPE AND AFFILIATES, BOARD OF DIRECTORS, BOARD COMMITTEE MEMBERS AND RESEARCH TEAM MEMBERS ARE COVERED BY CITY OF HOPE'S APPLICABLE CONFLICT OF INTEREST POLICIES. DETERMINATIONS AS TO WHETHER A CONFLICT OF INTEREST EXISTS AND REVIEWS OF SUCH DISCLOSURES ARE MADE BY THE CHIEF RISK OFFICER, GENERAL COUNSEL AND, AS APPLICABLE, THE CHAIR OF THE BOARD, BOARD OF DIRECTORS OR THE CONFLICT OF INTEREST AND COMMITMENT COMMITTEE, BASED UPON THE CATEGORY OF PERSON MAKING THE DISCLOSURE. RESTRICTIONS IMPOSED ON PERSONS WITH A CONFLICT VARY, BASED UPON THE FACTS. RESTRICTIONS MAY INCLUDE PROHIBITION FROM PARTICIPATING IN A GOVERNING BODY'S DELIBERATIONS AND VOTING ON A GIVEN TRANSACTION OR SET OF TRANSACTIONS, RECUSAL FROM THE DECISION MAKING PROCESS RELATING TO THE BUSINESS TRANSACTIONS (E.G. PURCHASING DECISIONS), PROHIBITION FROM PARTICIPATING AS A PRINCIPAL INVESTIGATOR IN RESEARCH, AND DISCLOSURE OF FINANCIAL INTEREST IN RESEARCH STUDY INFORMED CONSENT FORMS AND PUBLICATIONS. MONITORING TRANSACTIONS FOR CONFLICTS AS PART OF A CONFLICT MANAGEMENT PLAN IS DONE THROUGH REQUIRED DISCLOSURES AND UPDATES BY PERSONS COVERED BY THE ORGANIZATION'S CONFLICT OF INTEREST POLICIES AND A CONCURRENT REVIEW OF SUCH DISCLOSURES AGAINST TRANSACTIONS. CITY OF HOPE'S POLICY PROVIDES FOR DISCIPLINARY ACTION AGAINST PERSONS COVERED BY THE CONFLICT OF INTEREST POLICIES WHO DO NOT COMPLY WITH POLICY REQUIREMENTS. FORM 990, PART VI, SECTION B, LINES 15A AND 15B THE EXECUTIVE COMPENSATION AND ORGANIZATIONAL DEVELOPMENT AND GOVERNANCE COMMITTEE OF THE CITY OF HOPE BOARD OF DIRECTORS, PURSUANT TO A DELEGATION OF AUTHORITY FROM THE CITY OF HOPE BOARD OF DIRECTORS, IS RESPONSIBLE FOR SETTING THE COMPENSATION OF THE CEO AND CERTAIN OTHER SENIOR EXECUTIVES. THE DIRECTORS ON THIS COMMITTEE ARE INDEPENDENT AND ADHERE TO A STRICT CONFLICT OF INTEREST POLICY. DELIBERATION AND DECISION MAKING ARE SUBSTANTIATED IN THE MINUTES OF THE COMMITTEE'S MEETINGS. THE MINUTES ARE REVIEWED AND APPROVED AT THE NEXT MEETING OF THE COMMITTEE. AS PART OF THE DELIBERATION PROCESS, THE COMMITTEE RECEIVES ADVICE FROM AN INDEPENDENT, OUTSIDE COMPENSATION CONSULTANT WITH RESPECT TO EXECUTIVE COMPENSATION, COMPARABLE BENCHMARK DATA AND CURRENT COMPENSATION PHILOSOPHY, STRUCTURE, AND ADMINISTRATION OF THE EXECUTIVE COMPENSATION PROGRAMS AT CITY OF HOPE AND AFFILIATES. THE COMMITTEE CARRIES OUT THE BOARD OF DIRECTORS' OVERALL RESPONSIBILITIES RELATING TO EXECUTIVE COMPENSATION. THE EXECUTIVE COMPENSATION PHILOSOPHY IS DESIGNED TO ASSIST IN ATTRACTING AND RETAINING THE CALIBER OF EXECUTIVE LEADERSHIP REQUIRED TO ACHIEVE THE HIGHEST LEVELS OF COMMUNITY BENEFIT AND IMPACT, CLINICAL CARE, QUALITY RESEARCH AND EFFICIENT PHILANTHROPIC DEVELOPMENT. THE COMMITTEE TARGETS THE 50TH PERCENTILE OF BASE SALARY AND THE 75TH PERCENTILE OF TOTAL CASH OF THE MARKET IN WHICH CITY OF HOPE COMPETES FOR EXECUTIVES. A PORTION OF EXECUTIVE COMPENSATION IS LINKED DIRECTLY TO PERFORMANCE GOALS APPROVED IN ADVANCE BY THE COMMITTEE. THESE GOALS ARE TIED TO THE PERFORMANCE OF CITY OF HOPE, INCLUDING THE ATTAINMENT OF SPECIFIC BUSINESS OBJECTIVES FOR STRATEGIC AND FINANCIAL PERFORMANCE AS WELL AS NON-FINANCIAL INDICATORS THAT MEASURE PATIENT SATISFACTION AND QUALITY OF PATIENT CARE. AS A CONSEQUENCE, PERFORMANCE COMPENSATION MAY VARY FROM YEAR TO YEAR. THE COMMITTEE CONDUCTS COMPENSATION REVIEWS ANNUALLY FOR EXECUTIVES AND CERTAIN KEY EMPLOYEES AND THIS WAS LAST COMPLETED ON SEPTEMBER 20, 2013. THE COMPENSATION PROGRAMS AND RANGES FOR ALL OFFICERS AND KEY EMPLOYEES LISTED ON FORM 990, PART VII, SECTION A AT THE SENIOR VICE-PRESIDENT OR EQUIVALENT LEVEL AND ABOVE ARE REVIEWED AND APPROVED BY THIS COMMITTEE.</p>

Identifier	Return Reference	Explanation
DISCLOSURES	FORM 990, PART VI, SECTION C, LINE 19	CITY OF HOPE'S ARTICLES OF INCORPORATION ARE AVAILABLE TO THE PUBLIC FROM THE SECRETARY OF STATE. ITS AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE CITY OF HOPE WEBSITE, AND ITS CONFLICT OF INTEREST POLICIES ARE AVAILABLE BY WRITTEN REQUEST MADE TO THE CONFLICT OF INTEREST MANAGER. CITY OF HOPE'S BYLAWS ARE NOT MADE AVAILABLE TO THE PUBLIC.

Identifier	Return Reference	Explanation
HOURS WORKED	FORM 990, PART VII	FULL TIME EMPLOYEES GENERALLY WORK IN EXCESS OF 40 HOURS PER WEEK WHICH HAS BEEN REFLECTED IN THE COMPENSATION SCHEDULES BY THE ESTIMATES OF 60 HOURS PER WEEK. THE MEMBERS OF THE BOARD OF DIRECTORS ARE NOT COMPENSATED FOR SERVING ON THE BOARD BY CITY OF HOPE OR BY ITS AFFILIATES. THE HOURS WORKED FOR EACH DIRECTOR IS AN ESTIMATE OF THE TIME SPENT PREPARING FOR AND ATTENDING MEETINGS OF THE BOARD OF DIRECTORS AND ITS STANDING COMMITTEES. THE BOARD OF DIRECTORS HELD 6 REGULARLY SCHEDULED MEETINGS IN FISCAL YEAR 2013. THE AUDIT AND COMPLIANCE COMMITTEE HELD 5 REGULARLY SCHEDULED MEETINGS IN FISCAL YEAR 2013.

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSEST OR FUND BALANCES	FORM 990, PART XI, LINE 9	CHANGES IN ACTUARIAL ASSUMPTIONS FOR SPLIT INTEREST AGREEMENTS TOTALING \$1,174,425

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DLN: 93493226047164

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
City of Hope

Employer identification number

95-3435919

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CITY OF HOPE NATIONAL MEDICAL CENTER 1500 EAST DUARTE ROAD DUARTE, CA 91010 95-1683875	HOSPITAL	CA	501(C)(3)	3	City of Hope	Yes	
(2) BECKMAN RESEARCH INSTITUTE 1450 EAST DUARTE ROAD DUARTE, CA 91010 95-3432210	RESEARCH	CA	501(C)(3)	4	City of Hope	Yes	
(3) CITY OF HOPE MEDICAL FOUNDATION 1500 E Duarte Road Duarte, CA 91010 27-4803222	Healthcare	CA	501(C)(3)	3	City of Hope	Yes	

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

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

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) GENBASIX INC 1500 EAST DUARTE ROAD DUARTE, CA 91010 91-1949357	GENOMICS	DE	COH	C CORP	0	0	100.000 %	Yes	No
(2) ONCOLOGY MANAGEMENT SERVICES INC 1500 EAST DUARTE ROAD DUARTE, CA 91010 33-0557670	LEASING AGENT	CA	COH Med Ctr	C CORP					No
(3) CHARITABLE REMAINDER TRUSTS (17) 1055 WILSHIRE BLVD LOS ANGELES, CA 90017	Support	CA	COH	Trust					No

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to 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)

	Yes	No
1a	Yes	
1b	Yes	
1c	Yes	
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l		No
1m		No
1n		No
1o	Yes	
1p	Yes	
1q	Yes	
1r		No
1s	Yes	

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 other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Additional Data

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Software ID:
Software Version:
EIN: 95-3435919
Name: City of Hope

Schedule R (Form 990) 2012

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Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
RELATED TAX-EXEMPT ORGANIZATIONS	SCHEDULE R, PART II	IN ACCORDANCE WITH THE FORM 990, SCHEDULE R INSTRUCTIONS, THE AUXILIARY CHAPTER ORGANIZATIONS INCLUDED IN THE CITY OF HOPE GROUP RETURN EXEMPTION ARE NOT REPORTED ON PART II OF SCHEDULE R AS RELATED TAX-EXEMPT ORGANIZATIONS HOWEVER, THE TRANSACTIONS BETWEEN CITY OF HOPE AND THE AUXILIARY CHAPTER ORGANIZATIONS ARE REPORTED IN PART V OF SCHEDULE R, ON LINE 1 AND LINE 2, TO THE EXTENT THE TRANSACTIONS EXCEED THE \$50,000 REPORTING THRESHOLD THE TRANSACTIONS ARE REPORTED AT THEIR CASH VALUE

--> Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CITY OF HOPE NATIONAL MEDICAL CENTER	B	7,355,077	FMV
BECKMAN RESEARCH INSTITUTE OF CITY OF HOPE	B	203,813,920	FMV
Apparel Industries Group (0031)	C	522,893	FMV
Seattle Chapter (0166)	C	89,504	FMV
Home FurnishConsumer Electronics Ind (0715)	C	947,641	FMV
East End ChapterJeanne Kaye League (0732)	C	133,814	FMV
National Professional Salon Industry (0835)	C	1,173,781	FMV
Pathways to Hope Chapter (291)	C	99,046	FMV
Music and Entertainment Industry (1050)	C	1,788,525	FMV
Food Industries Circle Chapter (1081)	C	2,338,813	FMV
Construction Industries Alliance Ch (1082)	C	243,731	FMV
HardwareHome Improvement Ind Council (1183)	C	2,394,734	FMV
California Food Industries Circle (1203)	C	1,010,928	FMV
California Insurance Council (1215)	C	453,384	FMV
Construction and RE Industry Council (1225)	C	452,531	FMV
LA County Sheriff's Chapter (1454)	C	53,977	FMV
National Office Products Council (1362)	c	3,042,470	FMV
No Cal RE & Constr Bus Alliance (1439)	C	609,321	FMV
Pacific NW Food Industries Circle (1481)	C	640,174	FMV
LA Real EstateConstruction Council (1487)	C	355,345	FMV
Southwest Food Industries Circle (1562)	C	176,728	FMV
Desert Communities Women's Council (1601)	C	272,361	FMV
Gems of the Desert Chapter (1631)	C	63,543	FMV
Beckman Research Institute of City of Hope	P	1,890,453	FMV
City of Hope National Medical Center	Q	431,914	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
City of Hope National Medical Center	P	10,117,876	FMV
Beckman Research Institute of City of Hope	Q	866,937	FMV
City of Hope National Medical Center	O	110,337	FMV
Gussie K Singer Chapter (0004)	C	52,984	FMV
City of Hope Medical Foundation	K	562,500	FMV
CITY OF HOPE MEDICAL FOUNDATION	D	16,520,000	FMV
CITY OF HOPE MEDICAL FOUNDATION	S	21,800,000	FMV