DLN: 93493226047164

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)

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

2012

Open to Public Inspection

	2012 cai	endar year, or tax year beginning 10-01-2012 , 2012, and ending 09-30-2013	<u> </u>				
3 Check if a	applicable	C Name of organization City of Hope	D Emplo	yer identi	ification number		
Address ch	hange		95-34	35919			
Name cha	ange	Doing Business As					
Initial retu	urn	Number and street (or P O box if mail is not delivered to street address) Room/suite	F Telepho	one numbe	ır.		
– Terminate	ed	1055 Wilshire Blvd Suite	E Telephone number				
- Amended	return	City or town, state or country, and ZIP + 4	(626)	930-54	45		
— Application	n pendina	Los Angeles, CA 90017	G Groce	eceinte e c	13,467,135		
		F Name and address of principal officer H(a)					
		Robert Stone) Is this a group affiliates?	return fo	r □ Yes 🔽 No		
		1500 East Duarte Road Duarte, CA 91010			,,		
		H(b)) Are all affiliate				
Tax-exen	mpt status	▼ 501(c)(3)	If "No," attach	a list (s	ee instructions)		
	•	H(c)	Group exempt	ion numb	oer 🕨		
Website	e: - ww	w cityofhope org					
(Form of or	rganızatıon	✓ Corporation Trust Association Other ► L Ye	ear of formation 19	80 M St	ate of legal domicile CA		
Part I	Sum	mary					
1	Briefly d	escribe the organization's mission or most significant activities					
		ope raises money to support research and clinical care in a way that allows in	nnovative exchar	nge of kn	owledge and ideas,		
	neiping	speed the time from initial ideas to new treatments. See Sch. O					
2	Check th	nis box 🔭 if the organization discontinued its operations or disposed of more	than 25% of its	net asse	ets		
2 3 4 5	Ni	Southern many board of the many many board of the same		ا ما	4-		
3		of voting members of the governing body (Part VI, line 1a)		3	15		
4		of independent voting members of the governing body (Part VI, line 1b)		4	15		
5		mber of individuals employed in calendar year 2012 (Part V, line 2a)		5	214		
		mber of volunteers (estimate if necessary)		6	10,000		
- 1		related business revenue from Part VIII, column (C), line 12		7a	-113,132		
Ь	Net unre	lated business taxable income from Form 990-T, line 34		7b	-113,132		
	C t	hotomand analy (Dart VIIII has the	Prior Year		Current Year		
<u>a</u> 8		butions and grants (Part VIII, line 1h)	91,357,	_	122,465,764		
9	_	m service revenue (Part VIII, line 2g)	10.300	0	10.034.515		
9 10 11		ment income (Part VIII, column (A), lines 3, 4, and 7d)	10,299,		19,024,515		
11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	220,872,	185	248,194,989		
12		· · · · · · · · · · · · · · · · · · ·	322,529,	307	389,685,268		
13		and similar amounts paid (Part IX, column (A), lines 1-3)	211,024,	785	211,168,997		
14	Benefi	ts paid to or for members (Part IX, column (A), line 4)		0	0		
15	Saları	es, other compensation, employee benefits (Part IX, column (A), lines					
\$	5-10)		23,492,	_	22,647,595		
16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)	2,281,	742	3,234,243		
ੜੀ ⊳	Total fu	ndraising expenses (Part IX, column (D), line 25) ▶19,753,477					
17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	15,487,	120	17,994,061		
18	Total	expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	252,286,	294	255,044,896		
19	Reven	ue less expenses Subtract line 18 from line 12	70,243,	013	134,640,372		
5 %		Be	eginning of Curre	nt	End of Year		
Secondary 20 21 22	_	_	Year				
20		assets (Part X, line 16)	628,364,		798,389,825		
물 21		labilities (Part X, line 26)	26,942,	_	25,754,751		
		sets or fund balances Subtract line 21 from line 20	601,422,	545	772,635,074		
Part II		ature Block					
y knowle	dge and	perjury, I declare that I have examined this return, including accompanying so belief, it is true, correct, and complete Declaration of preparer (other than offi nowledge					
	****	**	2014-08-11				
Sign		eture of officer	Date				
9	PICH	ARD MAGNUSON CFO					
lere					Mylan v. Gener		
lere	T ype	or print name and title					
Here	F	rint/Type preparer's name Preparer's signature Date	Check ☐ if	PTIN	•		
lere Paid	F		Check If self-employed		IPR2016-0 Senentech Exhibit		

Use Only

Firm's address > 18111 VON KARMAN AVENUE SUITE 1000

May the IRS discuss this return with the preparer shown above? (see instructions) $\,$.

Phone no (949) 794-2300

Form	990 (2012)			Page 2
Par	Statement of Program Se Check if Schedule O contains a re	rvice Accomplishment esponse to any question in the	s nis Part III	
1	Briefly describe the organization's miss	on		
SEE	SCHEDULE O			
2	Did the organization undertake any sign the prior Form 990 or 990-EZ?		ng the year which were not listed on	
	If "Yes," describe these new services or			
3	Did the organization cease conducting, or services?		n how it conducts, any program	
	If "Yes," describe these changes on Sch	edule O		
4	Describe the organization's program ser expenses Section 501(c)(3) and 501(c the total expenses, and revenue, if any,)(4) organizations are require	ed to report the amount of grants and a	
4a	(Code) (Expenses \$	211,168,997 including gra	ants of \$ 211,168,997) (Revenue \$	0)
	GRANTS MADE TO SUPPORT MEDICAL RESEARCE INSTITUTE OF THE CITY OF HOPE	H AND HEALTH CARE ACTIVITIES O	F THE CITY OF HOPE NATIONAL MEDICAL CENT	ER AND THE BECKMAN RESEARCH
4b	(Code) (Expenses \$	4,059,491 including gra	ants of \$ 0) (Revenue \$	0)
	A VARIETY OF SOCIAL SERVICES INCLUDING CO SURVIVORSHIP INFORMATION FOR PATIENTS A EDUCATION, CHARITY CARE, BIOMEDICAL RESI RESEARCH INSTITUTE OF THE CITY OF HOPE	ND FAMILIES, PUBLIC INFORMATION	N AND EDUCATION IN CANCER, DIABETES AND	HIV/AIDS AWARENESS AND
4c	(Code) (Expenses \$	ıncludıng gra	nts of \$) (Revenue \$)
4d	Other program services (Describe in S		VD	<u> </u>
-		ncluding grants of \$) (Revenue \$)
4e	Total program service expenses ►	215,228,488		
				Form 990 (2012)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part 122	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1 2	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{20}$	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional "B"	12b	Yes	
13	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
		28a		No
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M ${\mathfrak S}$	29	Yes	50 2
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

D	Chahamanha	Donaudina	Other	TOC Cilings and	Torre	Camaliana
	Statements	Regarding	Other	IRS Filings and	lax	Compliance

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V		Yes	
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a	247	res	NO
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	5		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			Y
	gaming (gambling) winnings to prize winners?	. 10	Yes	E .
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered			
	by this return	214		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	26	Yes	8
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	y		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
ь	If "Yes," enter the name of the foreign country DD, VI, CJ			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Account	s		
				-
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	4	No
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b)	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a	3.00	No
155	organization solicit any contributions that were not tax deductible as charitable contributions?			77.5.5
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or were not tax deductible?	gifts 6b	,	
7	Organizations that may receive deductible contributions under section 170(c).	. 0.		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods a services provided to the payor?	nd 7 a	Yes	50
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	71:	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require		100	
	file Form 8282?	. 70	:	No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		1	T.
	contract?	. 7e	1	No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .		4	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 889 required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file	a		
_	Form 1098-C?	7H	-	_
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Dethe supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess	ıd		
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	75		
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	91:	,	
10	2 T 1 A A B A B A B A B A B A B A B A B A B			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			Y
	Note. See the instructions for additional information the organization must report on Schedule O	13	2	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14	a	No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14	~	1

2011/2016	990 (2012)			Page
ar	**Governance, Management, and Disclosure For each "Yes" response to lines 2 through "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or charse instructions. Check if Schedule O contains a response to any question in this Part VI			
Se	ection A. Governing Body and Management	32 27	- SEC - 181	1345 554
	Total Ar Coverning Boay and Flanagement		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders or persons other than the governing body?	5, 7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	. 8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	e 9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal	Reven	ue Coa	e.)
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filir the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 $\cdot\cdot\cdot\cdot$			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describ in Schedule O how this was done	e . 12c	Yes	
3	Did the organization have a written whistleblower policy?	13	Yes	
4	Did the organization have a written document retention and destruction policy?	14	Yes	
5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
6а	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	100		
_	List the States with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DE, KS, KY, ME, MD, MA, MI, MN, MS, NY, NC, ND, OH, OK, OR, PA, RI, WV, WI	, MO , N	IH,NJ,	, NM,
8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O). Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of			

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

Employees, and In Check if Schedule O cor					n in	this Pa	art V	ш		٦
Section A. Officers, Directo	rs, Trustees	, Key	Em	oloy	ee	s, an	d H	ighest Compens	sated Employe	
a Complete this table for all persons										
ax year ◆ List all of the organization's curre of compensation Enter - 0 - in column								uals or organization	s), regardless of an	nount
List all of the organization's curre							•	definition of "key em	ployee "	
 List the organization's five curren who received reportable compensations organization and any related organizations 	n (Box 5 of Forr									
 List all of the organization's form freportable compensation from the 							pens	ated employees wh	o received more tha	an \$100,000
 List all of the organization's form organization, more than \$10,000 of r 										fthe
ist persons in the following order in compensated employees, and former	dıvıdual trustee such persons	s or dire	ector	s, ır	stiti	utional	trus	tees, officers, key	employees, highest	
Check this box if neither the organ	ization nor any	related	orga	nıza	tion	compe	nsat	ted any current offic	er, director, or trus	tee
(A) Name and Title	(B) A verage hours per week (list any hours	(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-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table		7								
		,						*		
										25
								2		77
									2	5.
								6		×
									,	7

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

Form 990 (2012)

Page 7

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

(A) Name and Title		(B) A verage hours per week (list any hours for related	A verage hours per week (list any hours and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation from the organization (W-organization) organization (W-organization) organizations								(E) Reportable compensation from related organizations (W 2/1099-MISC)			
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-M13C)		ed tions	
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1b					*			ja-				+		
c d	Total from continuation sheet Total (add lines 1b and 1c) .				٠.	•	•			3,780,581	7,037,38	81		721,690
2	Total number of individuals (ir \$100,000 of reportable comp	ncluding but not	limited	to th	ose	liste	1111	re) w	ho receive	ed more th	an			Discorribe in South
_													Yes	No
3	Did the organization list any f on line 1a? <i>If</i> "Yes," complete 5	7			1,12	, key	emplo	yee,	, or highes	t compen	sated employee	3	Yes	
4	For any individual listed on lin organization and related organization and related organization.													
5	Did any person listed on line 1	1a receive or ac	crue co	mpen	ısatı	on fr	rom an	v uni	related ord	anızatıon	or individual for	4	Yes	
	services rendered to the orga			V								5		No
	ction B. Independent Co	antractors												
1	Complete this table for your fi	Control of the Contro	ensate	d ınd	eper	nden	t contr	acto	rs that re	ceived mo	re than \$100,000	of		
-	compensation from the organi	zation Report c	ompens	ation	for	the	calend	arye	ear ending	with or wi	thin the organizati (B)	on's	tax year	_
	CONTRACTOR OF THE PROPERTY OF	Name and business								-	cription of services	\dashv	Comper	sation
_	MAN CUBINE ADAMS HUSSEY , 1600 RY FACTORY , 1919 M STREET NW					A 222	:09			PROF FUN		+		,181,742
	UCTION MGMT GROUP , 7160 COLU					046					IL SERVICES			933,761
	LES INVESTMENT ADVISORS , 429 SA		SANTA M	ONICA	CAS	0401	L.			-	T ADVISORS	\bot		439,900
	KING LLC , PO BOX 101073 PASADE		ding his	tnot	limi	tod t	n than	م ایما	ted share	BRAND AW		+		210,000
	Fotal number of independent co \$100,000 of compensation from			L HOT	umit	led t	o thos	e iist	led above	, who rece	ived more than			

Part	,,,,	Check if Sched	fule O contains a respo	nse to any question	in this Part VIII .	4 4 50 50		г
				~ ~	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts st	1a	Federated cam	npaigns 1a	*				
Jan J	ь	Membership di	ues 1b					
ξ, M	С	Fundraising ev	rents 1c	3,879,236				
iffs ar	d	Related organi	zations 1d	17,332,691				
s, G	е	Government gran	ts (contributions) 1e					
ion	f		ions, gifts, grants, and 1f	101,253,837	8			į.
Contributions, Gifts, Grants and Other Similar Amounts	g		not included above tions included in lines	710 002	d i			1
Contra	1070	1a-1f \$		710,892	122,465,764			
<u>ة ت</u>	h	Total. Add line	s 1a-17		122,403,704			
a)II	2a			Business Code				
ever	b	:Fo						
ъ. Б	c	<u> </u>		-				
Jr VIC	d	T.	- Ji					7.
35	е	0						
Program Service Revenue	f	All other progr	am service revenue					
£	g	Total. Add line	s 2a-2f		0			
0 0	3	A CHICAGO AND	come (including dividen	N N N N N NAI U	0.003.005			0.003.00
			lar amounts)		9,093,985			9,093,98
	5			proceeds	246,767,233			246,767,23
	~	,	(ı) Real	(II) Personal				
	6a	Gross rents	797,881					
	b	Less rental expenses	3,993					
	С	Rental income or (loss)	793,888	0				
	d	Net rental inco	ome or (loss)		793,888			793,88
	-	Gross amount	(i) Securities	(II) Other				
	7a	from sales of assets other than inventory	232,163,586	1,012,294				
	b	Less cost or other basis and	222,280,667	964,683				
	С	sales expenses Gain or (loss)	9,882,919	47,611				
	d	Net gain or (lo	ss)		9,930,530			9,930,53
Other Revenue	8a	events (not inc	9,236 s reported on line 1c)					
Ξ.			a	1,074,597				
Ť,	C		xpenses b (loss) from fundraising	32.17.31	549,833			549,83
0			from gaming activities	events p	- 1545-53		-	
		See Part IV, III	ne 19	program				
	b	Less direct ex	a xpenses b	7,160 7,760				
	c		(loss) from gaming acti		-600			-60
	10a	Gross sales of returns and all						
	ь	Less cost of o	goods sold b					
	7.55	The second of the first first and the first firs	(loss) from sales of inv	entory 🕨	0			
		Miscellaneou	AND THE RESIDENCE OF THE PARTY	Business Code				
	11a	INVESTMENT K-1'S	INCOME FROM	595990	-113,132		-113,132	
	ь	MISCELLANE	OUSINCOME	900099	197,267			197,26
	с	UNCLAIMED	PROPERTY	900099	500			50
	d	All other reven	nue		7			
	e	Total. Add line	es 11a-11d	🕨	84,635			
	12	Total revenue.	See Instructions .		200 605 260		112 122	267 222 63

THE STREET	990 (2012)				Page 10
	Statement of Functional Expenses	l athar arganizat	ans must samn	lata saluma (A)	
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns. Al			iete column (A)	
Do no	Check if Schedule O contains a response to any question in this Part include amounts reported on lines 6b,	9800	(B)	(c)	(D)
	o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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)				
а	Management	0			<u> </u>
b	Legal	590,440		590,440	
c	Accounting	37,945		37,945	
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	3,234,243			3,234,243
f	Investment management fees	1,293,699	ž.	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)				
а	DUES AND SUBSCRIPTIONS	122,022	10,238	71,341	40,443
ь	TAX AND LICENSES	34,236		15,614	18,622
c	PATENT	115,998		115,998	50
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 ► ✓ if following SOP 98-2 (ASC 958-720)				3
	d 1999 19% W	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 . (A) (B) Beginning of year End of year 6,054,814 3,037,323 Cash—non-interest-bearing 1 1 26,449,170 2 65,441,970 2 Savings and temporary cash investments . 41,896,256 63,912,857 3 3 Pledges and grants receivable, net . . . Accounts receivable, net . . 4.738.682 4 8.024.939 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . 0 0 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets 0 0 6 374.815 7 214.060 0 8 Inventories for sale or use . . . 0 8 766,784 859,514 9 9 Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment cost or other basis 29,807,105 Complete Part VI of Schedule D 10a 13,961,988 10b 11,141,753 10c 15,845,117 b Less accumulated depreciation . 290,331,352 322 305 638 11 Investments-publicly traded securities . . . 11 222.749,557 295.631.815 12 Investments—other securities See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 . 0 13 0 0 14 0 14 Intangible assets 23,861,507 23,116,592 15 15 Other assets See Part IV, line 11 628.364.690 798.389.825 16 Total assets. Add lines 1 through 15 (must equal line 34) . 16 4,649,388 17 6,513,115 17 Accounts payable and accrued expenses . . 0 18 0 18 Grants payable 19 365,497 19 354,109 Deferred revenue 20 Tax-exempt bond liabilities 0 20 0 0 0 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 _iabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 22 0 64,025 0 23 Secured mortgages and notes payable to unrelated third parties . . 23 0 0 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 18 887 527 21 863 135 25 26.942.045 25.754.751 26 26 Total liabilities. Add lines 17 through 25 . Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete or Fund Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 361.809.960 27 477,227,265 115,664,253 165,822,712 28 Temporarily restricted net assets . . 28 Permanently restricted net assets 123,948,432 129,585,097 Organizations that do not follow SFAS 117 (ASC 958), check here F and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds Net 33 601.422.645 33 772,635,074 Total liabilities and net assets/fund balances 34 628 364 690 34 798.389.825

Par	t XI Reconcilliation of Net Assets				
1.4.11	Check if Schedule O contains a response to any question in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	ι		389,6	585,268
2	Total expenses (must equal Part IX, column (A), line 25)	2		255,0	044,896
3	Revenue less expenses Subtract line 2 from line 1	3		134,6	540,372
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	,		601,4	122,645
5	Net unrealized gains (losses) on investments	5		35,3	397,632
6	Donated services and use of facilities	5			
7	Investment expenses	,			
8	Prior period adjustments	3			
9	Other changes in net assets or fund balances (explain in Schedule O)	,		1,1	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))	0			535,074
Par	t XII Financial Statements and Reporting			,,,,,	,,,,,,
rai	Check if Schedule O contains a response to any question in this Part XII				. Г
	THE STOCK AND SELECTION OF A 1999 AND SELECTION OF THE SELECTION OF A SELECTION O	D 80		Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	L	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe a separate basis, consolidated basis, or both	d on			
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?	L	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separal basis, consolidated basis, or both	:e			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight o audit, review, or compilation of its financial statements and selection of an independent accountant?	f the	2c	Yes	~
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	uired	3b		7

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Form 990 (2012)

Form 990 (2012)

Additional Data Page 13

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

Compensated Employees, and Indepen	ndent Contra	actors	,		77				i	
(A) Name and Title	(B) Average hours per week (list any	unless an dire	than pers office ctor/t	not one on i r an	box s bo d a tee)	, th		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			organizations
Alexander Cappello Board Member	2 0 0 0	х						0	0	0
Anthony Scott Board Member	20	х						0	0	0
Eddy W Hartenstein Board Member	2 0	х						0	0	0
Harry Levitt Board Member	2 0 0 0	х						0	0	0
Jody Horowitz Marsh Board Member	2 0 2 0	х						0	0	0
John Boushy Board Member	2 0 0 0	х						0	0	0
Michael E Keane Board Member	2 0 0 0	х						0	0	0
Norman Payson Board Member	2 0 2 0	х						0	0	0
Robert Cook Board Member	2 0 0 0	х						0	0	0
Rodney Freeman Board Member	2 0 0 0	х						0	0	0
Ronald Silverman Board Member	2 0 0 0	х						0	0	0
Selwyn Isakow Board Member	2 0 0 0	х						0	0	0
Sheri Biller Board Chair	3 0	х						0	0	0
Terry Peets Board Member	2 0 0 0	х						0	0	0
William Scott Board Member - Part Year	20	х						0	0	0
Randolph Beatty Board Member	2 0	х						0	0	0
Gregory Schetina General Counsel & Secretary	3 0 57 0			х				0	816,701	61,136
Kathleen Kane Chief Philan & Ext Relat Ofc	60 0			х				1,249,092	0	0
Michael Friedman MD CHIEF EXECUTIVE OFFICER	3 0 57 0			х	L			0	1,612,965	76,578
Paul Blodgett SVP Major Gifts	60 0 0 0			х				448,023	0	40,210
Robert W Stone PRESIDENT	3 0 57 0			х				0	1,283,726	69,133
William Sargeant Chief Operating Officer	3 0 57 0			Х				0	872,345	83,294
Richard Magnuson Treasurer/CFO	3 0 57 0			х				0	0	0
Wael Fakhry Intenm Treasurer/SVP Fin Ops	3 0 57 0			Х				0	392,336	26,007
Alan Levey SVP Strategic Planning	60 0				×			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) A verage hours per week (list any hours	dire	than persoffice ctor/	o not one son i er an trust	box s bo d a tee)	th	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	ĕ	Key employee	Highest compensated employee	ner			
Mary Koppel SVP, Communications	60 0 0 0				х			315,929	0	47,109
Amy Goldman VP Gift Planning	60 0 0 0			10		x		282,857	0	26,416
David Carter VP Finance & Admin	60 0 0 0					х		286,435	0	35,463
Steven G Martin AVP Communications	60 0 0 0	S.				x		290,922	0	29,905
Noelle Gervais VP, Foundation Relations	60 0 0 0		0 30			х		250,519	0	36,521
Tina Pakfar VP, Major Gifts	60 0					x		256,508	0	48,088
Dennis F Rusch Former Officer	0 0						х	0	180,901	3,999
Gary Conner Former Officer	0 0						х	0	777,953	27,061
Valerie Bingham Former Officer-VP/Controller	5 0 55 0						х	0	423,468	43,422
Virginia Opipare Former Officer	5 0 55 0		7 2				х	0	676,986	16,157

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SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Public Charity Status and Public Support

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

OMB No 1545-0047

itemai	Revenue	Service	Attach to Form 990 or Form 990-EZ. 🟲 See separate instructi	ons.	Ins	specti	on	
	e of th f Hope	ne organizat		Employer ident if i	cation nu	ımber		
Pa	rt I	Reason	for Public Charity Status (All organizations must complete this pa		ions.			
			t a private foundation because it is (For lines 1 through 11, check only one box					
1	Г	A church,	convention of churches, or association of churches described in section 170(b)	(1)(A)(i).				
2	Г	A school o	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	Γ	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	Γ	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	Γ	A federal,	state, or local government or governmental unit described in section 170(b)(1)	(A)(v).				
7	<u></u>	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	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)						
9	Г	An organiz	zation that normally receives (1) more than 331/3% of its support from contribu	tions, membership	fees, an	d gros	s	
		receipts fr	om activities related to its exempt functions—subject to certain exceptions, ar	d (2) no more than	3 3 1/3%	of		
		ıts suppor	t from gross investment income and unrelated business taxable income (less s	ection 511 tax) fro	m busine	sses		
		acquired b	by the organization after June 30, 1975 See section 509(a)(2). (Complete Part	III)				
LO	\sqcap	An organiz	zation organized and operated exclusively to test for public safety See section	509(a)(4).				
l1	Γ	one or mor	zation organized and operated exclusively for the benefit of, to perform the functive publicly supported organizations described in section 509(a)(1) or section 5 at describes the type of supporting organization and complete lines 11e throug Type I b Type II c Type III - Functionally integrated d T	09(a)(2) See sect h 11h	ion 509(a	1)(3).	Check	
е	Γ		ng this box, I certify that the organization is not controlled directly or indirectly I foundation managers and other than one or more publicly supported organizati D9(a)(2)					
f		check this			porting o	rganız	zation,	
g		following p			,			
		(i) A perso	on who directly or indirectly controls, either alone or together with persons desc	cribed in (ii)		Yes	No	
			elow, the governing body of the supported organization?		11g(i)			
		(ii) A famı	ly member of a person described in (i) above?		11g(ii)			
		(iii) A 35%	% controlled entity of a person described in (i) or (ii) above?		11g(iii)		_	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see	(iv) Is to organization col (i) listo your gove docume	ion in ted in rning	(v) Did you the organi in col (i) o suppor	zation of your	(vi) Is t organizati col (i) orga in the U	on in anized	(vii) A mount of monetary support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the supported organization(s)

Page 2

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.)

S	ection A. Public Support		6.5			-04	
Cale	endar 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")	108,226,74	2 100,269,378	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						. (
3	The value of services or facilities furnished by a governmental unit to the organization without charge						(
4	Total. Add lines 1 through 3	108,226,74	2 100,269,378	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						2,794,259
6	(f) Public support. Subtract line 5				-		
11611	from line 4						501,303,523
	ection B. Total Support			1			
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	A mounts 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	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	1,305,59
11	Total support (Add lines 7	1					1,598,951,786
12	through 10) L Gross receipts from related activi	tios oto (soo ins	tructions)			10	
13	First five years. If the Form 990 in this box and stop here	s for the organiza	tion's first, secon				zation, check
14	Public support percentage for 201			11 column (f))		14	21 252 0/
15	Public support percentage for 201			11, column (1))		14	31 352 %
	33 1/3% support test—2012. If the			on line 13 and l	ine 14 is 33 1/20/a	15 or more, sheck th	31 330 %
LUa	and stop here. The organization qu				ille 14 15 33 1/370	of more, check to	▶ □
	33 1/3% support test—2011. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization Part IV how the organization me	on qualifies as a p t— 2012. If the ore ation meets the "	oublicly supported ganization did not facts-and-circum	organization check a box on lir stances" test, che	ne 13, 16a, or 16 eck this box and	b, and line 14 stop here. Explain	▶
b	organization 10%-facts-and-circumstances tes 15 is 10% or more, and if the organize explain in Part IV how the organize supported organization	anızatıon meets t	ne "facts-and-circ	umstances" test,	check this box a	nd stop here.	P.F
18	Private foundation. If the organiz	ation did not chec	k a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and see	▶ □

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.)

-	Part II. II the Organiza	tion rails to q	uality under the	e tests listed be	clow, please co	ilipiete rait	.,
	ction A. Public Support		т.	т		г	
Cale	ndar year (or fiscal year beginning in) 🏲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
<i>E</i> .	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,				1		
	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						
5	behalf The value of services or facilities		1				
3	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						
	ction B. Total Support						
	ndar year (or fiscal year beginning	28 M. ANDAROS	10000000000000000	25 C2 (45 (45 (45 (45 (45 (45 (45 (45 (45 (45	000000000000000000000000000000000000000	.SectAssitivers@easts.or	0.0000000000000000000000000000000000000
curc	in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	A mounts 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						
	from businesses acquired after						
	June 30, 1975					i.	
c	Add lines 10a and 10b	0.00					
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	7					
	gain or loss from the sale of						
	capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c,	1	1				
202	11, and 12)		L	40000		E 6 4 7 17 1	1
14	First five years. If the Form 990 is for check this box and stop here	or the organizati	on's first, second	, third, fourth, or	ππh tax year as a	3 5U1(c)(3) org	janization, ►
Se	ction C. Computation of Publi	c Support P	ercentage				
15	Public support percentage for 2012			13, column (f))		15	
16	Public support percentage from 201	Schedule A, P	art III, line 15			16	*
	ction D. Computation of Inve	T. Was committed at the		ge		10-2-2	*
17	Investment income percentage for 2				ın (f))	17	
18	Investment income percentage from				and modernics	18	
	33 1/3% support tests—2012. If the				line 15 is more t		nd line 17 is not
	more than 33 1/3%, check this box as	nd stop here. Th	ie organization qu	alifies as a public	cly supported org	anızatıon	►
Ь	33 1/3% support tests—2011. If the						
20	ris not more than 33 1/3%, check this Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2012

Page 4

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 A (Form 990 or 990-EZ) 2012

DLN: 93493226047164

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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.

Open to Public

OMB No 1545-0047

Inspection

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 **Employer identification number** City of Hope 95-3435919 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 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 ┌ Yes 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 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 (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0Schedule C (Form 990 or 990-EZ) 2012

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

- Check F of 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)
- ▶ ☐ if the filing organization checked box A and "limited control" provisions apply B Check

	Limits on Lobbying (The term "expenditures" means a		(a) Filing organization's totals	(b) Affiliated group totals
3	Total lobbying expenditures to influence public	opinion (grass roots lobbying)		15,000
b	Total lobbying expenditures to influence a legis	lative body (direct lobbying)		372,460
С	Total lobbying expenditures (add lines 1a and 1	b)		387,460
ł	Other exempt purpose expenditures		255,044,896	1,333,384,115
9	Total exempt purpose expenditures (add lines 1	255,044,896	1,333,771,575	
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	1,000,000	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		
	9			
3	Grassroots nontaxable amount (enter 25% of li	ne 1f)	250,000	250,000
1	Subtract line 1g from line 1a If zero or less, ent	ter -0 -		
i	Subtract line 1f from line 1c If zero or less, ent	er-0-		
i	If there is an amount other than zero on either li	ne 1 h or line 1), did the organization file Form 4.73	0 reporting	

- 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?

┌ Yes ┌ 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 Expe	nditures During 4	-Year Avera	ging 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	o	15,000	15,000

Schedule C (Form 990 or 990-EZ) 2012

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and ha filed Form 5768 (election under section 501(h)).	s NOT		
F	.	(a	1)	(b)
ror e activ	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	Amount
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
i	Total Add lines 1c through 1i			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

If "Yes," enter the amount of any tax incurred by organization managers under section 4912
 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

b If "Yes," enter the amount of any tax incurred under section 4912

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		
- Table 10				200

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
C	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Identifier	Return Reference	Explanation
OBBYING ADDITIONAL DISCLOSURE	SCHEDULE C, PART II-A	ALTHOUGH THIS QUESTION WAS ANSWERED YES, CITY O HOPE HAS NOT MADE THE 501(H) ELECTION AND DOES NOT HAVE ANY DIRECT LOBBYING EXPENDITURES IN FISCAL YEAR 2013 CITY OF HOPE BELONGS TO AN AFFILIATED GROUP, WHERE THE CITY OF HOPE NATIONA MEDICAL CENTER (MEDICAL CENTER) APPLIED FOR A SECTION 501(H) ELECTION ON FORM 5768 IN THE YEAR ENDED SEPTEMBER 30, 1995 THIS ELECTION HAS NOT BEEN REVOKED SUBSEQUENT TO THIS APPLICATION TH FOLLOWING ARE THE OTHER MEMBERS OF THE AFFILIATED GROUP BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE (BECKMAN RESEARCH INSTITUTE) (HAS NOT MADE A 501(H) ELECTION) 1450 EAST DUARTE ROAD, DUARTE, CA 91010 EIN = 95-3432210 GRASSROOTS LOBBYING AMOUNT = NONE TOTAL LOBBYING EXPENDITURES = NONE OTHER EXEMPT PURPOSE EXPENDITURES = \$ 261,648,917 TOTAL EXEMPT PURPOSE EXPENDITURES = \$ 261,648,917 TOTAL EXEMPT PURPOSE EXPENDITURES = \$ 261,648,917 TOTAL EXEMPT NONTAXABLE AMOUNT = NONE GRASSROOTS NONTAXABLE AMOUNT = NONE GRASSROOTS NONTAXABLE AMOUNT = NONE TOTAL GRASSROOTS LES NONTAXABLE AMOUNT = NONE TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT = NONE TOTAL EXPENDITURES LOBBYING EXPENDITURES = NONE MEDICAL CENTER (HA MADE THE 501(H) ELECTION) 1500 EAST DUARTE ROAD, DUARTE, CA 91010 EIN = 95-1683875 GRASSROOTS LOBBYING AMOUNT = \$ 15,000 TOTAL LOBBYING EXPENDITURES = \$ 387,460 OTHER EXEMPT PURPOSE EXPENDITURES = \$ 686,955,633 TOTAL EXEMPT PURPOSE EXPENDITURES = \$ 687,343,093 LOBBYING NONTAXABLE AMOUNT = NONE GRASSROOTS NONTAXABLE AMOUNT NONE TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT NONE TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT NONE TOTAL EXPENDITURES = NONE OTHER EXEMPT PURPOSE EXPENDITURES = NONE OTHER EXEMPT PURPOSE EXPENDITURES = \$ 129,734,669 LOBBYING NONE CITY OF HOPE MEDICAL FOUNDATION (MEDICAL FOUNDATION) (HAS NOT MADE THE 501(H) ELECTION) 1500 EAST DUARTE ROAD, DUARTE, CA 91010 EIN = 27- 4803222 GRASSROOTS LOBBYING AMOUNT = NONE TOTAL LOBBYING EXPENDITURES = \$ 129,734,669 LOBBYING NONTAXABLE AMOUNT = NONE TOTAL EXEMPT PURPOSE EXPENDITURES = \$ 129,734,669 LOBBYING NONTAXABLE AMOUNT = NONE TOTAL EXPENDITURES

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493226047164

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Employer identification number Name of the organization City of Hope 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. (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ☐ Yes funds are the organization's property, subject to the organization's exclusive legal control? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 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 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶_ Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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)? 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. 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 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

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

(i) Revenues included in Form 990, Part VIII, line 1

Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Par	Organizations Maintaining Co	ollections of Ar	t, His	stori	cal Tı	reası	ires, or O	the	r Similar As	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, c	heck a	any of	the fol	lowing that a	re a	significant use	of its	
а	Public exhibition		d	Г	Loan	orexc	hange progr	ams			
b	Scholarly research		е	Г	Othe	r					
С	Preservation for future generations										
4	Provide a description of the organization's c Part XIII	ollections and expl	aın ho	w they	y furthe	er the	organızatıon	's ex	empt purpose i	n	
5	During the year, did the organization solicit assets to be sold to raise funds rather than									_ Yes	Г№
Pa	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar						n answere	d "Y	es" to Form 9	90,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					utions	or other ass	ets r		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	e follo	wing t	able		г	-			
	-						+		An	ount	
c	Beginning balance						-	1c			
d	Additions during the year						-	1d			
e	Distributions during the year						-	1e			
f	Ending balance		2743	2			L	1f	3		
2a b	Did the organization include an amount on F If "Yes," explain the arrangement in Part XII				n has	been p	provided in P	art >		Yes	Γ No Γ
Pa	rt V Endowment Funds. Complete										
		(a)Current year	(b)	Prior ye		b (c)T		_	Three years back	(e)Four	years back
1a	Beginning of year balance	170,288,798			53,795		131,237,432	-	103,205,855		76,759,130
b	Contributions	6,115,042		12,3	352,137		17,867,478		19,844,392		18,446,111
c d	Net investment earnings, gains, and losses Grants or scholarships	19,927,835		24,7	763,692		-10,940,266		11,665,104		10,144,727
e	Other expenditures for facilities and programs	2,150,192		2,2	219,522		2,337,696		3,372,395		2,144,113
f	Administrative expenses	568,322		2	261,304		173,153		105,524		
g	End of year balance	193,613,161		170,2	288,798		135,653,795		131,237,432		103,205,855
2	Provide the estimated percentage of the cur	rent year end balar	ice (lii	ne 1 a,	colum	n (a))	held as		-		
а	Board designated or quasi-endowment	26 400 %	S 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	o e e e e e e e e e e e e e e e e e e e							
b	Permanent endowment ► 73 600 %										
_	Temporarily restricted endowment										
-	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
За	Are there endowment funds not in the posse organization by	ssion of the organiz	zatıon	that a	re hel	d and a	administered	d for	the	Ye	s No
	(i) unrelated organizations								3a(i)	No
	(ii) related organizations							¥ 3	3a(ii)	No
b	If "Yes" to 3a(II), are the related organization						· · · · ·		3t)	
4	Describe in Part XIII the intended uses of t					10					
Pa	Tt VI Land, Buildings, and Equipment Description of property	ent. See Form 9	90, P		Cost or		(b)Cost or ot	her	(c) Accumulated	(d) E	Book value
_					s (invest		basis (othe		depreciation		
1a	Land			5	1,2	80,447	3,365	,803	20 DE CASA /		4,646,250
b	Buildings		•	2			6,721	,936	489,59	3	6,232,343
c	Leasehold improvements						2,135	,740	1,963,47	2	172,268
d	Equipment			8			15,559	,793	11,508,92	3	4,050,870
	Other			1		3		,386			743,386
Tota	al. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, cold	umn (E	B), line	10(c).)	•	•		15,845,117

Part VII Investments-Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	-	Cost or end-o	-year market value
(1)Financial derivatives	+	-	
(2)Closely-held equity interests	-		
(3)Other (A)ALTERNATIVE INVESTMENTS	295,631,815		F
(A) ALI LINATIVE INVESTIGATIO	255,051,015		XI.:
	-		
	+	1	
		-	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	220,002,023	n/	
Part VIII Investments—Program Related. Se			
(a) Description of investment type	(b) Book value		d of valuation -year market value
	+	Cost or end-or	- year market value
	1		
	+		
	+		
	1		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	5		
Part IX Other Assets. See Form 990, Part X, II	ne 15.	-	
(a) Descri	ption		(b) Book value
		· · · · · · · · · · · · · · · · · · ·	*
			*
		7	²
			2
		red.	Diameter Control
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15			All ——
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of liability	(b) Book value		
Federal income taxes	0		
ANNUITANT OBLIGATIONS	17,344,563		
DUE TO AFFILIATES	987,558		
OTHER LIABILITIES	555,406		
OTHER LIABILITIES	555,406		
	3		
Total (Column (h) must sound form 000, B-+ V (10) b 35 1	12		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	18,887,527		

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

Part	XI Reconciliati	on of Revenue per Audited Financia	I Stateme	nts With Revenue	per R	eturn
1	Total revenue, gains	and other support per audited financial state	ments		1	
2	Amounts included or	line 1 but not on Form 990, Part VIII, line 1:	2			
а	Net unrealized gains	on investments	2a			
b	Donated services ar	d use of facilities	. 2b			
c	Recoveries of prior y	ear grants	. 2c		7	
d		art XIII)	2d			
e	Add lines 2a through	2d			2e	
3	Subtract line 2e from	line 1			3	
4	Amounts included or	Form 990, Part VIII, line 12, but not on line	1			
а		s not included on Form 990, Part VIII, line 7b	1	f .		
b	vasou – are of a	art XIII)	(49)		1	
c	SECURIOR AND CONTRACTOR SECURIOR				4c	
5		nes 3 and 4c. (This must equal Form 990, Par			5	
Francisco Contrata	TANAL SALES	on of Expenses per Audited Financ	and the second s			Return
1		osses per audited financial statements			1	
2		line 1 but not on Form 990, Part IX, line 25				
a		d use of facilities	2a	T.		
ь	Prior year adjustmer		2t			
c	Other losses		. 20		-	
d		art XIII)...........	20		-	
e		2d			2e	
3		line 1			3	
4		Form 990, Part IX, line 25, but not on line 1:			-	+
5300		8 0 P. C.	1.4-	T.		
a		s not included on Form 990, Part VIII, line 7b			4	
ь		art XIII)	4t	2 4	١.	
С _					4c	72
5		lines 3 and 4c. (This must equal Form 990, Pa	irt I, line 18	* * * * * *	5	
	XIII Suppleme				Secretary 10-1	Process and community and
Part	plete this part to provi V line 4 Part X line 2	le the descriptions required for Part II, lines 3 , Part XI, lines 2d and 4b, and Part XII, lines	3, 5, and 9, Pa 2d and 4h Δ	art III, lines la and 4, l Iso complete this part t	art IV ,	lines 1b and 2b, le any additional
	nation	, rate A1, intes 24 and 15, and rate A11, intes	Ed did ib ii	iso complete this pare t	o provid	re any additional
	Identifier	Return Reference		Explana	tion	
ENDO	WMENT FUNDS	SCHEDULE D, PART V, LINE 4	CITY OF H	OPE'S ENDOWMENT F	2016.A	ARE AVAILABLE TO
LIVEO	WILLIAM	DOTTE BOLL BY TAKE Y		EARCH, PATIENT CAR		
				CAL EQUIPMENT AND		T. T
				IED BY DONOR AGREE BOARD OF DIRECTOR		S, MANAGEMENT
FASB	ASC 740 DISCLOSUI	E SCHEDULE D, PART X, LINE 2		WING PARAGRAPH I		1 THE
		972 # # # # # # # # # # # # # # # # # # #	CONSOLI	DATED CITY OF HOPE	ANDA	FFILIATES (CITY OF
				Y OF HOPE AUXILIAR , INC , THE MEDICAL		[8] [8] [8] [8] [8] [8] [8] [8] [8] [8]
				ENT SERVICES, INC ,		- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
			FOUNDAT	ON AND THE BECKMA	AN RES	EARCH INSTITUTE)
				FINANCIAL STATEME ANCIAL ACCOUNTING		[12] [12] [12] [12] [12] [12] [12] [12]
				ING STANDARD CODI		
				AXES, CLARIFIES THE		
				AXES BY PRESCRIBIN		
				TION THRESHOLD THA TO MEET BEFORE BE		
			FINANCIA	L STATEMENTS FASB	ASC 7	40 ALSO PROVIDES
				ON DERECOGNITIO		
				CATION, INTEREST AT TRE AND TRANSITION		
				ED IN FASB ASC 740 I		
			THROUGH	ENTITIES AND TAX-E	XEMPT	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

SCHEDUL	FE State	-		-		OMB No 1545-0047
(Form 99	0)		f the organizatio	Outside the United in answered "Yes" to Form 14b, 15, or 16.		2012
Department of the Internal Revenue	·	► Attacl	n to Form 990. ►		Open to Public Inspection	
Name of the City of Hop	e organization e					entification number
Part I	General Informatio "Yes" to Form 990, Pa			ne United States. Co	95-343591 omplete if the orga	
assis the g	grantmakers. Does the stance, the grantees' elugrants or assistance?	gibility for the	grants or assis	stance, and the selecti	on criteria used to a	award . Yes No
	grantmakers. Describe i Jnited States.	n Part V the or	ganızatıon's p	rocedures for monitori	ng the use of grant	funds outside
3 Activ	rites per Region (The follow	wing Part I, line 3	3 table can be d	uplicated if additional spa	ace 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) a program service, descri specific type of service(s) in region	
See	Add'l Data			,		
	from continuation sheets					61,344,184
	rt I s (add lines 3a and 3b) ork Reduction Act Notice, see	the Instructions	for Form 990	Cat	No 50082W Sch	61,344,184 sedule F (Form 990) 2012

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
-								
<u>-</u>								
			sted above that are re					

Schedule F (Form 990) 2012

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other

Page 4

- a	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)	모	Yes	Г	N
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay 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)	Г	Yes	모	N
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)	모	Yes	Г	N
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)	모	Yes	Г	N
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)	V	Yes	Г	N
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).	Г	Yes	┍	N

Schedule F (Form 990) 2012

Schedule F (Form 990) 2012

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

		ditional information (see instructions).
Identifier	ReturnReference	Explanation
FOREIGN ACTIVITIES		INVESTMENT ACTIVITIES OF THE CITY OF HOPE INCLUDE INVESTMENTS IN MULTIPLE VEHICLES THAT PROVIDE INVESTMENT INCOME AND RETURNS TO THE INSTITUTION TO FURTHER MISSION AND PROGRAMS AS A RESULT, SOME INVESTMENTS ARE HELD IN OFFSHORE HEDGE FUNDS, MAINLY REGISTERED AS CAYMAN EXEMPTED CORPORATIONS THESE INVESTMENTS HELP MITIGATE RISK IN THE PORTFOLIO AND REPRESENT APPROXIMATELY 8 9% OF CITY OF HOPE'S OVERALL CASH AND INVESTMENT PORTFOLIO CITY OF HOPE HAS HOLDINGS THAT INCLUDE EQUITY CO-MINGLED FUNDS WHICH ARE INVESTMENT FUND VEHICLES THAT INVEST PRIMARILY IN MARKETABLE EQUITY SECURITIES AND CAN BE LIQUIDATED MONTHLY SUBJECT TO NOTICE REQUIREMENTS, THIS CAN INCLUDE VARIOUS HEDGE FUNDS ALTERNATIVE INVESTMENTS ALSO INCLUDE LIMITED PARTNERSHIP FUNDS INVESTED IN REAL ESTATE AND NATURAL RESOURCES, PRIVATE EQUITY FUNDS, AND OFFSHORE FUNDS ALL OF THESE INVESTMENTS HAVE BEEN INCLUDED IN FORM 990, PART X, LINE 12 CITY OF HOPE DOES NOT HAVE ANY PHYSICAL PRESENCE OF EMPLOYEES OUTSIDE OF THE UNITED STATES CITY OF HOPE'S REPUTATION AS A WORLD CLASS RESEARCH AND TREATMENT FACILITY IS INTERNATIONALLY RECOGNIZED AS A RESULT OF THIS RECOGNITION, CITY OF HOPE RECEIVES DONATIONS AND GRANTS FROM PERSONS AND CORPORATIONS OUTSIDE OF THE UNITED STATES
-		CORPORATIONS OUTSIDE OF THE UNITED STATES
2		
9		
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8		Schedule F (Form 990) 2012

Additional Data

Software ID: Software Version:

EIN: 95-3435919 **Name:** City of Hope

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

Form 990 Schedule F	Part 1 - Activit	ies outside i	ne 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		

Earm 00	an Sch	adula E	Dart T	- Activities	Outcide Th	e 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		

DLN: 93493226047164

SCHEDULE G (Form 990 or 990-EZ) Supplemental Information Regarding
Fundraising or Gaming Activities

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

ame of the organization ty of Hope						Employer iden	tification number
ту от поре						95-3435919	
art I Fundraising Act	ivities. Complete	ıf the oı	ganızatı	on answered "Yes	" to Forn	n 990, Part IV,	line 17.
Indicate whether the organ	ızatıon raısed funds t	hrough ar		_			
Mail solicitations				Solicitation of r	=	=	
Internet and email solid	citations			Solicitation of g		=	
Phone solicitations			g	Special fundrais	sing event	:S	
I							
Did the organization have a or key employees listed in							Ves Γ
b If "Yes," list the ten highes to be compensated at least			undraiser	s) pursuant to agree	ments un	der which the fun	draiser is
(i) Name and address of	(ii) Activity	(iii)	Did	(iv) Gross receipt	(v) A	mount paid to	(vi) A mount paid to
ındıvıdual		1	serhave	from activity		retained by)	(or retained by)
or entity (fundraiser)		custody or control of			fundi	raiser listed in col (i)	organization
		1	utions?			cor (i)	
		Yes	No				
Phyllis Freedman 1625 16TH STREET NW	Materials Design						
401						222.607	
			No			223,697	
WASHINGTON, DC 20009							
Market Smart LLC	Website Content						
5760 SUNNYSIDE AVE			No			122,309	
BELTSVILLE, MD 20705						,	
Chapman Cubine et al	Email/mail Solicits						
100 MONTGOMERY ST			N-	6.405.1	,,	2 764 710	2 7 20 466
SAN FRANCISCO, CA 94104			No	6,495,1	76	2,764,710	3,730,466
Donor Services Group	Phone Solicits						
6715 SUNSET BLVD			No	133,2	71	120,527	12,744
LOS ANGELES, CA 90028							
	1				+		
tal			.	6,628,4	47	3,231,243	3,743,210
List all states in which the o	organization is regist	ered or li	censed to	solicit funds or has	been noti	fied it is exempt	from registration or

Pai	t II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribut	on answered "Yes" to lions and gross income	Form 990, Part IV, lir on Form 990-EZ, line	ne 18, or reported es 1 and 6b. List			
			(a) Event #1 NESVIG 2013GOLF (event type)	(b) Event #2 L.A. WALK (event type)	(c) Other events 20 (total number)	(d) Total events (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		708,884	2,315,194			
<u>*</u>	3 Gross income (line 1 minus line 2)		239,730						
	4	Cash prizes							
60	5	Noncash prizes							
Direct Expenses	6	Rent/facility costs	231,087	7	570,524	801,611			
Š.	7	Food and beverages .							
च क	8	Entertainment		3,500	96,350	99,850			
ā	9	Other direct expenses .	3,044	4	96,245	99,289			
	10 Direct expense summary Add lines 4 through 9 in column (d)								
	11	Net income summary Combine II	The same of the sa	3.43	🕨	-224,569			
Par	t II			"Yes" to Form 990, Pa	rt IV, line 19, or repo	CONTRACTOR			
Revenue		\$15,000 on Form 990-EZ, lir	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))			
Re-	1	Gross revenue				0 0			
ses	2	Cash prizes							
kpen	3	Non-cash prizes							
Direct Expenses	4	Rent/facility costs							
ă	5	Other direct expenses							
	6	Volunteer labor	☐ Yes ☐ No	Г Yes Г Nо	☐ Yes ☐ 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								
а									
b	See Part IV								
10a				nded or terminated during					
	, , , , , , , , , , , , , , , , , , , ,								

Sche	Ingle Q (Form and or and -ES) 5015						
Does	the organization operate gaming activities with nonmembers?						
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?						
13	Indicate the percentage of gaming activity operated in						
а	The organization's facility						
ь	An outside facility						
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?						
ь	If "Yes," enter the amount of gaming revenue received by the organization • \$ and the						
52.7	amount of gaming revenue retained by the third party ▶ \$						
С	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						
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to						
	retain the state gaming license?						
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

chedule I	Grants and Other Assistance to Organizations, Governments and Individuals in the United States						OMB No 1545-0047	
Form 990)							2012	
epartment of the Treasury	Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Mark Attach to Form 990						Open to Public	
ternal Revenue Service ame of the organization				O40815		Employer ide	Inspection entification number	
ity of Hope						95-343591	19	
Part I General Infor								
Does the organization m the selection criteria use Describe in Part IV the o	ed to award the grants	orassistance?					FYes FM	
Part II Grants and Ot Form 990, Part		Governments and recipient that receive						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description non-cash assista		
(1) City of Hope National Medical Center 1500 E Duarte Road Duarte,CA 91010	95-1683875	501(C)(3)	7,355,077		,		SUPPORT-SEE PT IV	
(2) Beckman Research Institute of the COH 1450 E Duarte Road Duarte,CA 91010	95-3432210	501(C)(3)	203,813,920				SUPPORT-SEE PT IV	
					·			
					0			
					<u>.</u>			
Enter total number of se	ction 501(c)(3) and ac	overnment organizations	listed in the line 1 table				2	
Enter total number of oth								

	d Other Assis	tance to Individ		s. Complete if the orga	nization answered "Yes" to	Page 2 o Form 990, Part IV, line 22.
(a)Type of grant o	rassistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
		1	ľ		1	
	mental Inform		line 2, Part III, column (b), an			
Identifier	Return Refere	Strategic 15-8	Explanation	d any other additional infor	mation	
GRANT ASSISTANCE SCHEDULE I, PART I, LINE 2			CITY OF HOPE EXISTS TO MEDICAL FOUNDATION, A REVENUE SOURCES CITY (INNOVATIVE RESEARCH AMEDICAL CENTER, THE ME PARENT ORGANIZATION NOT ILLILING THEIR PATIEN GRANT MAKING ACTIVITI	ND THE BECKMAN RESEA OF HOPE TRANSFERS MO ND CANCER TREATMENT EDICAL FOUNDATION, AN MONITORS THE ACTIVITY IT CARE AND RESEARCH ES OF CITY OF HOPE THE	ARCH INSTITUTE THROUGI NEY TO THE OPERATING S T CITY OF HOPE IS THE SO ND THE BECKMAN RESEARC IES OF THE OPERATING SU MISSIONS IN ACCORDANC	TIONS, THE MEDICAL CENTER, THE H FUNDRAISING AND OTHER UBSIDIARIES TO FURTHER LE CORPORATE MEMBER OF THE H INSTITUTE CITY OF HOPE AS THE BSIDIARIES TO ENSURE THEY ARE LE WITH THE FUNDRAISING AND SAND CAPITAL PURCHASE REPORTS NS
			TO ENSURE SPENDING 15	IN ACCORDANCE WITH 3	OCT CHARTABLE MISSIO	Schedule I (Form 990) 2012

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

DLN: 93493226047164

Schedule J (Form 990)

Compensation Information

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

Part IV, question 23.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990. ► See separate instructions. Employer identification number Name of the organization City of Hope 95-3435919 Part I Questions Regarding Compensation No Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence 굣 Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 1b Νo 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? Yes 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract ✓ Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee 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 Receive a severance payment or change-of-control payment? Yes Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Yes Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. 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 The organization? 5a Nο 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III 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 The organization? 6a Nο 6b Νo Any related organization? If "Yes," to line 6a or 6b, describe in Part III 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 Yes 7 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Schedule J (Form 990) 2012 Page 2

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 1, 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 o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table		70					

Schedule J (Form 990) 2012

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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

complete this part to p	novide the information,	explanation, or des	scriptions required	ioi i dici, iiics id,
Alex remalake blue seem	t for any additional info	rmation		

QUESTIONS REGARDING COMPENSATION SCHEDULE J PART I, LINE 1A KATHLEEN KANE AND PAUL BLODGETT ARE PROVIDED WITH SOCIAL CLUB MEMBERSHIPS NECE FOR VARIOUS BUSINESS RELATIONSHIP ACTIVITIES DETAILED BUSINESS RECEIPTS INDICAT: WHETHER SERVICES WERE FOR BUSINESS OR PERSONAL USE ARE REQUIRED AND TO THE EXTER SERVICES WERE FOR BUSINESS PURPOSES, THEY ARE REIMBURSED THE PERSONAL USE PORTIG THE SOCIAL CLUB DUES IS INCLUDED IN SCHEDULE J, PART II, COLUMN B(III) AS OTHER REPOR INCOME AND TOTALED \$1,532 FOR MS KANE AND \$4,949 FOR MR BLODGETT DURING CALENDA 2012 CERTAIN EXECUTIVES AND OTHER EMPLOYEES LISTED IN PART VII ARE PROVIDED WITH AUTOMOBILE ALLOWANCE WHICH HAS BEEN INCLUDED IN TAXABLE INCOME IN SCHEDULE J, P. COLUMN B(III) TO THE EXTENT THE ALLOWANCE IS NOT SUBSTANTIATED BY ASSOCIATED BUS 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 CENT CHIEF EXECUTIVE OFFICER COMPENSATION IS ESTABLISHED BY THE EXECUTIVE COMPENSATION.	
ORGANIZATIONAL DEVELOPMENT AND GOVERNANCE COMMITTEE OF THE CITY OF HOPE BOAD DISCRETORS ALL SOURCES SINCLATED IN HIS 2 ARE UTILIZED COMMITTEE. O SET CE THE COMMITTEE OF THE CITY OF HOPE SO FELCES AND KEY PRINCIPES ARE ELIGIBLE ON RECEIVE AS COMPRISON. THE COMPRISON OF THE COMPR	DICATING E EXTENT THE PORTION OF REPORTABLE ALENDAR YEAR D WITH AN JULE J, PART II, ED BUSINESS ATION, AL CENTER ENSATION AND E BOARD OF SET CHIEF SA SCHEDULE J IVE FAIR INATION OR RECEIVED BY JUNTED IN THE ON'S PARATION 19 AND A ALL INCLUDED S AN EXECUTIVE N THE PLAN IS ION THE PLAN ICLUDED IN ICLUDED IN ICLUDED IN ONCE VESTED, AL, STATE, CALERIE SEZ, 2373 AMY OF GREGORY HE ERMINATED OF GREGORY HE ERMINATED COMMITTEE PLAN PAYMENT AWARD, INTION THE PLAN IS IN INCENTIVE ENTLY LATION IN A IVE PLAN IS IN INCENTIVE ENTLY LATION IN A IVE PLAN IS IN INCENTIVE ENTLY LATION IN A IVE PLAN IS IN INCENTIVE ENTLY LATION IN A IVE PLAN IS IN INCENTIVE ENTLY LATION IN A IVE PLAN IS IN INCENTIVE ENTLY LATION OF STIMING CAL YEARS 2011 PE AND BE IVE AND BE IVE AND INTICATION IN AND IVE PLAN IS IN INCENTIVE ENTLY LATION OF STIMING CAL YEARS 2011 PE AND BE IVE AND B

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

DLN: 93493226047164

SCHEDULE M (Form 990)

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form

OMB No 1545-0047

	tment of the Treasury al Revenue Service		990, Part IV, lines 2 ► Attach to Form			pen to Inspe		
	ne of the organization				Employer ident if icat			
ııty	of Hope				95-3435919			
Pa	art I Types of Proper	ty						
		(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 d noncash contrib	etermi	_	ts
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 sto	ck .						
11	Securities—Partnership, LLC or trust interests	' I						
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)	Х	13	7,760	FMV			
26	O ther ▶()							
27	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 rece for which the organization co				29			
30a	a During the year, did the org	anızatıon receiv	e by contribution any prope	rty reported in Part I, lines	s 1-28 that it		Yes	No
	must hold for at least three							
	for exempt purposes for the	•				30a		No
Ł	If "Yes," describe the arran				· · ·	500		
31	ğ					31	Yes	
32a	Does the organization hire contributions?	or use third parti	ies or related organizations	to solicit, process, or sell	noncash • • •	32a	Yes	
	If "Yes," describe in Part II If the organization did not re		: 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)

DLN: 93493226047164

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

 $\label{lem:complete} \textbf{Complete to provide information for responses to specific questions on } \\$ Form 990 or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Inspection

Name of the organization City of Hope

Employer identification number

95-3435919

ldentifier	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.

ldentifier	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

ldentifier	Return Reference	Explanation
GOVERNING BODY AND MANAGEMENT	FORM 990, PART VI, SECTION A, LINE 4	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 CCTOBER 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 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 AUXILLARIES ACROSS THE COUNTRY THAT ADVISES CITY OF HOPE ON AUXILLARY MATTERS, ALLOWING "DELEGATES" (DEFINED IN THE BYLAWS AS AUXILLARY MEMBERS SELECTED TO ATTEND NATIONAL CONVENTION) TO VOTE ON COUNCIL MEMBERS FOR A THREE-YEAR TERM, AND CONVENTING 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 APPROVED THE BYLAWS AS DELEGATES AND INCLUMBENT DIRECTORS) APPROVED THE BYLAW CHANGES EFFECTIVE APRIL 19, 2013, THE "MEMBERS" (DEFINED IN THE BYLAWS AS D

Identifier	Return Reference	Explanation
POLICIES	FORM 990, PART VI, SECTION B, LINE 11B	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 RESPONSBILLTIES 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 BLECTRONICALLY CITY OF HOPE (95-3439919) IS THE SOLE CORPORATE MEMBER OF THE MEDICAL FOUNDATION AND BECKMAN RESEARCH INSTITUTE FORM 99, ART VI. SECTION B, LINE 12C ALL EMPLOYEES OF CITY OF HOPE AND AFFILIATES, BOARD OF DIRECTORS, BOARD OF DIRECTORS FOR REVIEW BLEETRONICALLY CITY OF HOPE AND AFFILIATES, BOARD OF DIRECTORS, BOARD OF MITTERST 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 CHAR OF THE BOARD, BOARD OF DIRECTORS OR THE CONFLICT OF INTEREST EXISTS AND REVIEWS OF SUCH DISCLOSURES ARE MADE BY THE CHIEF RISK OFFICER GENERAL COUNSEL AND, AS APPLICABLE, THE CHAR OF THE BOARD, BOARD OF DIRECTORS OR THE CONFLICT OF INTEREST AND COMMITMENT COMMITTEE, BASED UPON THE CATEGORY OF PERSON MAKING THE DISCLOSURE RESTRICTIONS IN MYDISCLOSURE RESTRICTIONS MAY INCLUDE PROHIBITION FROM PARTICIPATING A CONFLICT VARY, BASED UPON THE FACTS RESTRICTIONS MAY INCLUDE PROHIBITION FROM PARTICIPATING A CONFLICT VARY, BASED UPON THE FACTS RESTRICTIONS MAY INCLUDE PROHIBITION FROM PARTICIPATING AS A PRINCIPAL INVESTIGATOR IN SERSEARCH STUDY INFORMED CONSENT FOR THE ADDITION OR SET OF TRANSACTIONS, REQUISAL FROM THE DESCION MAKING PROCESS RELATING TO THE BUSINESS TRANSACTION OR SET OF TRANSACTIONS, REQUISAL PROMITED AND THE ADDITION OF THE PROHIBITION FROM PARTICIPATING AS A PRINCIPAL INVESTIGATOR OR AND THE ADDITION OF THE PROHIBITION

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 BY LAWS 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

ldentifier	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

efile GRAPHIC print -	DO NOT PROCESS As Filed Date	a -					DLN: 93493	22604	7164
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships 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.							1545-00	047
Department of the Treasury Internal Revenue Service								o Publi ection	ic
Name of the organization City of Hope					Employer	identifi	cation number		_
(<u></u>					95-3435	919			
Part I Identification	on of Disregarded Entities (Comp						10		
(a) Name, address, and EIN (if applicable) of disregarded entity		Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		Direct controlling entity		
					T-				
	on of Related Tax-Exempt Organ ed tax-exempt organizations during		f the organization a	answered "Yes	" to Form 990, I	Part IV,	, line 34 because i	t had o	ne
Name, address, ar	(a) nd EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	tion Public charity (if section 50:		(f) Direct controlling entity	Section (13) co en	g) n 512(b ontrolled tity?
(1) CITY OF HOPE NATIONAL MED	ICAL CENTER	HOSPITAL	CA	501(C)(3)	3		City of Hope	Yes	No
1500 EAST DUARTE ROAD									
DUARTE, CA 91010 95-1683875									
(2) BECKMAN RESEARCH INSTITU	TE	RESEARCH	CA	501(C)(3)	4		City of Hope	Yes	1
1450 EAST DUARTE ROAD									
DUARTE, CA 91010 95-3432210									
(3) CITY OF HOPE MEDICAL FOUN	DATION	Healthcare	CA	501(C)(3)	3		City of Hope	Yes	+
1500 E Duarte Road							515		
Duarte, CA 91010 27-4803222									
					6				
					4		S A.		
For Paperwork Reduction Ac	t Notice, see the Instructions for Form 990),	Cat No 501	35Y			Schedule R (For	m 990) 2	2012

Page 2

(k) Percentage ownership

(j) General or managing

Schedule R (Form 990) 2012

(i) Code V—UBI amount in box 20 of (state or foreign entity unrelated. assets partner? Schedule K-1 (Form 1065) excluded from tax under sections 512-514) country) Yes Yes No No 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.) Part IV (a) Name, address, and EIN of related organization (e) Type of entity (C corp, S corp, or trust) (g) Share of end-of-year (i) Section 512 (b)(13) (b) Primary activity (c) Legal (d) Direct controlling (f) Share of total (h) Percentage domicile entity income ownership (state or foreign country) controlled entity? assets Yes No (1) GENBASIX INC GENOMICS СОН C CORP 100 000 % 0 0 Yes 1500 EAST DUARTE ROAD DE DUARTE, CA 91010 91-1949357 (2) ONCOLOGY MANAGEMENT SERVICES INC LEASING AGENT COH Med Ctr C CORP No CA 1500 EAST DUARTE ROAD DUARTE, CA 91010 33-0557670 (3) CHARITABLE REMAINDER TRUSTS (17) Support СОН Trust CA 1055 WILSHIRE BLVD LOS ANGELES, CA 90017

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34

(c) Legal domicile

(d) Direct controlling

(e) Predominant income(related,

(f) Share of total income

(g) Share of end-of-year

(h) Disproprtionate allocations?

(b) Primary activit

because it had one or more related organizations treated as a partnership during the tax year.)

Schedule R (Form 990) 2012

(a) Name, address, and EIN of related organization

Page 3

Schedule R (Form 990) 2012

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
10	uring the tax year, did the organization engage in any of the following transactions with one or more re	elated organizations li	sted in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	Yes	
b	Gift, grant, or capital contribution to related organization(s)				1b	Yes	
c	Gift, grant, or capital contribution from related organization(s)				1c	Yes	
d	Loans or loan guarantees to or for related organization(s)				1d	Yes	
e	Loans or loan guarantees by related organization(s)				1e	3	No
f	Dividends from related organization(s)				1f		No
g	Sale of assets to related organization(s)				1g		No
h	Purchase of assets from related organization(s)				1h		No
i	Exchange of assets with related organization(s)				1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Yes	
- 1	Performance of services or membership or fundraising solicitations for related organization(s)				11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
0	Sharing of paid employees with related organization(s)				10	Yes	
р	Reimbursement paid to related organization(s) for expenses				1р	Yes	
q	Reimbursement paid by related organization(s) for expenses				1q	Yes	
r	O ther transfer of cash or property to related organization(s)				1r		No
s	Other transfer of cash or property from related organization(s)				1s	Yes	
			22.70				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete						
	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount I	nvolved	
see /	dditional Data Table						
		*					

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

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Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or	(d) Predominant income (related, unrelated, excluded from tax under section 512-		(e) all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations	ite	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	Service A	(k) Percentage ownership
-		80	514)	Yes	No			Yes	No		Yes	No	
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Additional Data Return to Form

Software ID: Software Version:

> EIN: 95-3435919 Name: City of Hope

Schedule R (Form 990) 2012

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
	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 (b) (a) (c) Name of other organization Amount Involved Transaction Method of determining type(a-s) amount involved CITY OF HOPE NATIONAL MEDICAL CENTER В 7,355,077 FMV BECKMAN RESEARCH INSTITUTE OF CITY OF HOPE В 203,813,920 FMV Apparel Industries Group (0031) C 522,893 FMV Seattle Chapter (0166) С 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) С 243,731 FMV 2,394,734 FMV HardwareHome Improvement Ind Council (1183) C 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 53,977 FMV LA County Sheriff's Chapter (1454) С 3,042,470 FMV National Office Products Council (1362) c No Cal RE & Constr Bus Alliance (1439) С 609,321 FMV Pacific NW Food Industries Circle (1481) 640,174 FMV C LA Real EstateConstruction Council (1487) C 355,345 FMV 176,728 FMV C Southwest Food Industries Circle (1562) 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) A mount Involved	(d) Method of determining amount involved
City of Hope National Medical Center	Р	10,117,876	FMV
Beckman Research Institute of City of Hope	Q	866,937	FMV
City of Hope National Medical Center	0	110,337	FMV
Gussie K Singer Chapter (0004)	С	52,984	FMV
City of Hope Medical Foundation	к	562,500	FMV
CITY OF HOPE MEDICAL FOUNDATION	D	16,520,000	FMV
CITY OF HOPE MEDICAL FOUNDATION	s	21,800,000	FMV