

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public  
 ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
2015  
**Open to Public Inspection**

**A For the 2015 calendar year, or tax year beginning 10-01-2015, and ending 09-30-2016**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Beckman Research Institute of the City of Hope % CORNELIS VAN DEN BERG Doing business as <hr/> Number and street (or P O box if mail is not delivered to street address) Room/suite 1450 East Duarte Road <hr/> City or town, state or province, country, and ZIP or foreign postal code Duarte, CA 91010	<b>D</b> Employer identification number 95-3432210 <hr/> <b>E</b> Telephone number (626) 256-4673 <hr/> <b>G</b> Gross receipts \$ 460,779,050
<b>F</b> Name and address of principal officer ROBERT STONE 1500 EAST DUARTE ROAD DUARTE, CA 91010		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>L</b> Year of formation 1979 <b>M</b> State of legal domicile CA
<b>J</b> Website: ▶ www.cityofhope.org		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities TO QUICKLY TURN RESEARCH IDEAS INTO NEW TREATMENTS AND CURES THROUGH MEDICAL AND BIOMEDICAL RESEARCH AND DISEASE INVESTIGATION, INCLUDING DNA SYNTHESIS AND CELL ANALYSIS		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	8
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	6
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . .	<b>5</b>	1,042
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	0
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	-1,920,772
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	-1,920,772
<b>Revenue</b>		<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	279,811,394	331,654,992
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	6,190,332	7,020,450
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	42,151,167	25,921,535
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,723,466	6,193,185
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	330,876,359	370,790,162
<b>Expenses</b>			
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	0	0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	108,818,371	123,053,508
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,329,627		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	178,181,339	204,322,417
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	286,999,710	327,375,925
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	43,876,649	43,414,237
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) . . . . .	991,819,363	1,113,807,258
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	150,248,331	186,654,451
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	841,571,032	927,152,807

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer CORNELIS VAN DEN BERG Internm CFO Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name KARA ADAMS	Preparer's signature KARA ADAMS
	Firm's name ▶ ERNST & YOUNG US LLP	
	Firm's address ▶ 18101 VON KARMAN AVE STE 1700 IRVINE, CA 92612	

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission

THE SPECIFIC AND PRIMARY PURPOSE IS TO ENGAGE DIRECTLY IN THE ACTIVE CONDUCT OF MEDICAL RESEARCH SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 283,290,337 including grants of \$ ) (Revenue \$ 7,044,929 )  
See Additional Data








**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

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

**4e** Total program service expenses ▶ 283,290,337

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

<p><b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .</p>	<p><b>21</b></p>	<p>No</p>
<p><b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .</p>	<p><b>22</b></p>	<p>No</p>
<p><b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .</p>	<p><b>23</b></p>	<p>Yes</p>
<p><b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .</p>	<p><b>24a</b></p>	<p>Yes</p>
<p><b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .</p>	<p><b>24b</b></p>	<p>No</p>
<p><b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .</p>	<p><b>24c</b></p>	<p>No</p>
<p><b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .</p>	<p><b>24d</b></p>	<p>No</p>
<p><b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .</p>	<p><b>25a</b></p>	<p>No</p>
<p><b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .</p>	<p><b>25b</b></p>	<p>No</p>
<p><b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .</p>	<p><b>26</b></p>	<p>Yes</p>
<p><b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .</p>	<p><b>27</b></p>	<p>No</p>
<p><b>28</b> 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)</p>		
<p><b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .</p>	<p><b>28a</b></p>	<p>No</p>
<p><b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .</p>	<p><b>28b</b></p>	<p>Yes</p>
<p><b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .</p>	<p><b>28c</b></p>	<p>No</p>
<p><b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .</p>	<p><b>29</b></p>	<p>No</p>
<p><b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .</p>	<p><b>30</b></p>	<p>No</p>
<p><b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .</p>	<p><b>31</b></p>	<p>No</p>
<p><b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .</p>	<p><b>32</b></p>	<p>No</p>
<p><b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .</p>	<p><b>33</b></p>	<p>No</p>
<p><b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .</p>	<p><b>34</b></p>	<p>Yes</p>
<p><b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?</p>	<p><b>35a</b></p>	<p>Yes</p>
<p><b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .</p>	<p><b>35b</b></p>	<p>Yes</p>
<p><b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .</p>	<p><b>36</b></p>	<p>No</p>
<p><b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .</p>	<p><b>37</b></p>	<p>No</p>
<p><b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .</p>	<p><b>38</b></p>	<p>Yes</p>

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, charitable contributions, and health insurance issuers.

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

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

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

Table with 4 columns: Question, sub-question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CA
18 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.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records. CORNELIS VAN DEN BERG 1500 EAST DUARTE ROAD DUARTE, CA 91010 (626) 256-4673

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							7,453,173	9,388,660	2,149,824	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 187**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Cancer Prevention Institute of Cali, 2201 Walnut Avenue FREMONT, CA 94538	Research Services	1,202,998
University of Southern California, File No 52095 LOS ANGELES, CA 94538	Research Services	1,015,270
Regents University of California Ir, Biological Sciences III Suite 1400 IRVINE, CA 92697	Research Services	901,031
Jones Day, 555 South Flower Street 50th Floor LOS ANGELES, CA 90071	Legal Services	857,433
IRELL MANELLA LLP, PO BOX 51167 LOS ANGELES, CA 90051	Legal Services	664,992

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 52**



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>					
	<b>d</b>	Related organizations . . . . . <b>1d</b>	265,850,929				
	<b>e</b>	Government grants (contributions) <b>1e</b>	59,381,863				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	6,422,200				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$	15,367				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶	331,654,992				
<b>Program Service Revenue</b>	<b>2a</b>	OTHER RESEARCH ACTIVITIES	Business Code 541990	6,270,446	6,270,446		
	<b>b</b>	ACADEMIC STAFF REVENUE	611310	47,238	47,238		
	<b>c</b>	SPECIALIZED LAB REVENUE	541900	590,184	590,184		
	<b>d</b>	RENTAL INCOME - PROGRAM SERVICE	721310	112,582	112,582		
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶		7,020,450			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		17,088,139		17,088,139	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . ▶		0			
	<b>5</b>	Royalties . . . . . ▶		8,089,478		8,089,478	
	<b>6a</b>	Gross rents	(i) Real	(ii) Personal			
	<b>b</b>	Less rental expenses					
	<b>c</b>	Rental income or (loss)	0	0			
	<b>d</b>	Net rental income or (loss) . . . . . ▶		0			
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	<b>b</b>	Less cost or other basis and sales expenses	89,988,888				
<b>c</b>	Gain or (loss)	8,833,396					
<b>d</b>	Net gain or (loss) . . . . . ▶		8,833,396		8,833,396		
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>						
<b>b</b>	Less direct expenses . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from fundraising events . . ▶		0				
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>						
<b>b</b>	Less direct expenses . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from gaming activities . . . ▶		0				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
<b>b</b>	Less cost of goods sold . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from sales of inventory . . ▶		0				
	Miscellaneous Revenue	Business Code					
<b>11a</b>	INVESTMENT INCOME FROM K-1'S	525990	-1,920,772		-1,920,772		
<b>b</b>	MISCELLANEOUS REVENUE	900004	24,479	24,479			
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		-1,896,293				
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . ▶		370,790,162	7,044,929	-1,920,772	34,011,013	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	0			
<b>2</b>	Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .	0			
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .	0			
<b>4</b>	Benefits paid to or for members . . . . .	0			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	4,348,131	1,708,105	2,469,617	170,409
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	157,053		157,053	
<b>7</b>	Other salaries and wages . . . . .	93,999,276	80,381,108	11,598,601	2,019,567
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	6,477,051	5,646,549	689,251	141,251
<b>9</b>	Other employee benefits . . . . .	12,023,237	10,156,473	1,600,722	266,042
<b>10</b>	Payroll taxes . . . . .	6,048,760	4,997,349	918,822	132,589
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .	0			
<b>b</b>	Legal . . . . .	7,412,100	6,658,608	578,064	175,428
<b>c</b>	Accounting . . . . .	228,910		228,910	
<b>d</b>	Lobbying . . . . .	0			
<b>e</b>	Professional fundraising services See Part IV, line 17 . . . . .	0			
<b>f</b>	Investment management fees . . . . .	2,433,368		2,433,368	
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	20,632,052	14,676,564	5,862,784	92,704
<b>12</b>	Advertising and promotion . . . . .	4,282,710		4,282,710	
<b>13</b>	Office expenses . . . . .	30,375,828	26,935,298	3,386,301	54,229
<b>14</b>	Information technology . . . . .	3,951,926	1,065,244	2,883,672	3,010
<b>15</b>	Royalties . . . . .	0			
<b>16</b>	Occupancy . . . . .	6,852,379	6,302,745	439,642	109,992
<b>17</b>	Travel . . . . .	1,946,169	1,534,487	411,682	
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b>	Conferences, conventions, and meetings . . . . .	430,322	208,408	221,914	
<b>20</b>	Interest . . . . .	4,865,828	4,123,931	741,897	
<b>21</b>	Payments to affiliates . . . . .	0			
<b>22</b>	Depreciation, depletion, and amortization . . . . .	14,914,036	14,022,901	748,031	143,104
<b>23</b>	Insurance . . . . .	563,309	521,383	28,093	13,833
<b>24</b>	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 )				
<b>a</b>	ROYALTY REVENUE SHARING	102,097,487	102,097,487		
<b>b</b>	DUES AND SUBSCRIPTIONS	1,651,196	1,427,803	223,393	
<b>c</b>	TAXES AND LICENSES	621,868	362,657	251,813	7,398
<b>d</b>	OTHER MISCELLANEOUS	1,062,929	463,237	599,621	71
<b>e</b>	All other expenses				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	327,375,925	283,290,337	40,755,961	3,329,627
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	15,820,813	<b>1</b>	13,608,179
	<b>2</b> Savings and temporary cash investments . . . . .	2,834,168	<b>2</b>	3,280,436
	<b>3</b> Pledges and grants receivable, net . . . . .	9,503,143	<b>3</b>	16,616,776
	<b>4</b> Accounts receivable, net . . . . .	0	<b>4</b>	0
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	448,161	<b>5</b>	435,407
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	1,403,464	<b>7</b>	3,676,745
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,989,220	<b>9</b>	2,259,780
	<b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 425,339,292		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 158,206,758	223,419,386	<b>10c</b> 267,132,534
	<b>11</b> Investments—publicly traded securities . . . . .	311,001,813	<b>11</b>	324,921,676
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	423,487,255	<b>12</b>	475,884,770
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	911,940	<b>15</b>	5,990,955
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	991,819,363	<b>16</b>	1,113,807,258	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	17,844,686	<b>17</b>	35,865,711
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	9,647,766	<b>19</b>	16,507,861
	<b>20</b> Tax-exempt bond liabilities . . . . .	54,562,287	<b>20</b>	53,181,277
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	50,000,000	<b>23</b>	50,000,000
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	16,717,740
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	18,193,592	<b>25</b>	14,381,862
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	150,248,331	<b>26</b>	186,654,451
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	823,478,933	<b>27</b>	907,711,717
	<b>28</b> Temporarily restricted net assets . . . . .	4,289,299	<b>28</b>	5,607,923
	<b>29</b> Permanently restricted net assets . . . . .	13,802,800	<b>29</b>	13,833,167
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	841,571,032	<b>33</b>	927,152,807	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	991,819,363	<b>34</b>	1,113,807,258	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	370,790,162
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	327,375,925
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	43,414,237
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	841,571,032
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	45,200,276
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-3,032,738
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	927,152,807

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</b>	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b>	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?	Yes	
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 95-3432210

**Name:** Beckman Research Institute  
of the City of Hope

### Form 990, Part III, Line 4a

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**4a** (Code ) (Expenses \$ 283,290,337 including grants of \$ ) (Revenue \$ 7,044,929 )

BIOMEDICAL RESEARCH AND DISEASE INVESTIGATIONS, INCLUDING DNA SYNTHESIS AND CELL ANALYSIS BECKMAN RESEARCH INSTITUTE HAS PIONEERED SCIENTIFIC BREAKTHROUGHS RESULTING IN TREATMENTS THAT HAVE IMPROVED THE LIVES OF PATIENTS WORLDWIDE NUMEROUS LIFE-SAVING DRUGS USE PATENTED TECHNOLOGY DEVELOPED AT BECKMAN RESEARCH INSTITUTE, THESE DRUGS INCLUDE SYNTHETIC HUMAN INSULIN (HUMULIN) FOR DIABETES, THE WIDELY USED CANCER DRUGS HERCEPTIN, RITUXAN AND AVASTIN SEE SCHEDULE O

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John Rossi ..... Board Member/Professor	60 0 ..... 0 0	X						380,562	0	67,473
Linda Malkas ..... Board Member/Professor	60 0 ..... 0 0	X						431,270	0	50,810
IRIS ROTHSTEIN ..... BOARD MEMBER	2 0 ..... 2 0	X						0	0	0
ERNIE SO ..... BOARD MEMBER	2 0 ..... 2 0	X						0	0	0
GARY E FREEDMAN ..... BOARD MEMBER	2 0 ..... 0 0	X						0	0	0
BENHAM BADIE MD ..... BOARD MEMBER	2 0 ..... 0 0	X						0	0	0
ART NEMIROFF ..... BOARD MEMBER	2 0 ..... 0 0	X						0	0	0
Jody Horowitz Marsh ..... Board Member, Chairperson	1 0 ..... 4 0	X		X				0	0	0
Bonana Fanas ..... Asst Treas/VP Treasury	15 0 ..... 45 0			X				71,510	214,531	50,328
Gregory Schetina ..... Secretary/General Counsel	15 0 ..... 45 0			X				203,510	610,530	150,384

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
William Sargeant ..... Asst Secretary/COO	15 0 ..... 45 0			X				333,961	1,001,882	164,896
Richard Magnuson ..... TREASURER/CFO - OUTGOING	15 0 ..... 45 0			X				245,156	735,470	190,539
Robert W Stone ..... President and CEO	15 0 ..... 45 0			X				548,687	1,646,063	344,796
Cornelis van den Berg ..... Interm CFO/Treasurer	15 0 ..... 45 0			X				77,451	232,353	9,833
David Home ..... Chairperson/Professor	60 0 ..... 0 0				X			717,178	0	52,345
Ashley Baker Lee ..... SVP Rsch Ops	60 0 ..... 0 0				X			677,303	0	38,327
Steven Rosen ..... Chief Scientific Officer	34 0 ..... 26 0				X			890,573	671,837	266,839
JONATHAN REUTER ..... VP FACILITIES & CONSTRUCTION	24 0 ..... 36 0				X			144,911	217,365	34,245
Michael Friedman ..... Ementus Cancer Ctr Director	6 0 ..... 54 0					X		71,600	644,393	42,411
Debra Fields ..... Chief Risk Officer	15 0 ..... 45 0					X		226,726	680,176	143,723

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Harlan Levine ..... COH Medical Foundation CE	3 0 ..... 57 0					X		338,215	1,326,465	272,935
Lisa Stockmon ..... Chief Marketing & Comm Officer	15 0 ..... 45 0					X		152,014	456,044	67,314
Larry Kwak ..... Associate Professor	60 0 ..... 0 0					X		1,114,350	0	61,137
Wael Fakhry ..... Former Officer	12 0 ..... 48 0						X	108,269	433,074	38,024
Valene Bingham ..... Former Officer	15 0 ..... 45 0						X	71,976	215,930	46,384
STEPHANIE NEUVIRTH ..... CHIEF HR OFFICER - OUTGOING	0 0 ..... 0 0						X	100,849	302,547	21,860
Larry Couture ..... VP CATD	60 0 ..... 0 0						X	547,102	0	35,221



SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Beckman Research Institute of the City of Hope

Employer identification number

95-3432210

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state

CITY OF HOPE NATIONAL MEDICAL CENTER, DUARTE, CA

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi)
9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
10 An organization organized and operated exclusively to test for public safety
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
f Enter the number of supported organizations
g Provide the following information about the supported organization(s)

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b> Public support percentage for 2014 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>b 33 1/3% support test—2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>17a 10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>b 10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span style="float: right;">► <input type="checkbox"/></span>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

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

- 19a 33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

**Section B. Type I Supporting Organizations**

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

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

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

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
  - The organization satisfied the Activities Test. Complete **line 2** below.
  - The organization is the parent of each of its supported organizations. Complete **line 3** below.
  - The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

**2** Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

**3** Parent of Supported Organizations **Answer (a) and (b) below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

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

**Section A - Adjusted Net Income**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8</b> <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b> Average monthly value of securities	<b>1a</b>	
<b>b</b> Average monthly cash balances	<b>1b</b>	
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b> <b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b> <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b> Subtract line 2 from line 1d	<b>3</b>	
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b> Multiply line 5 by .035	<b>6</b>	
<b>7</b> Recoveries of prior-year distributions	<b>7</b>	
<b>8</b> <b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

**Section C - Distributable Amount**

		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6</b> <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

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

**Part VI Supplemental Information.**

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

**Facts And Circumstances Test**



**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2015**  
**Open to Public Inspection**

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

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
Beckman Research Institute of the City of Hope  
**Employer identification number**  
95-3432210

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

**(a) Donor advised funds**      **(b) Funds and other accounts**

<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		

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

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

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

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

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

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
▶ \$ \_\_\_\_\_

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

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

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

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

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

**(i)** Revenue included on Form 990, Part VIII, line 1      ▶ \$ \_\_\_\_\_

**(ii)** Assets included in Form 990, Part X      ▶ \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1      ▶ \$ \_\_\_\_\_

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

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

(continued)

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

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

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

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

- a Board designated or quasi-endowment 96.820%
b Permanent endowment 2.260%
c Temporarily restricted endowment 0.920%
The percentages on lines 2a, 2b, and 2c should equal 100%

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

- (i) unrelated organizations
(ii) related organizations

Table with columns Yes, No and rows 3a(i), 3a(ii), 3b

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows for 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	475,884,770	F
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.)	475,884,770	

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13.)		

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

(a) Description	(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.)	

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

1. (a) Description of liability	(b) Book value
Federal income taxes	0
INTEREST RATE SWAP LIABILITY	8,488,886
BOND ISSUANCE PREMIUM	2,215,893
DUE TO AFFILIATES	2,193,241
WORKERS COMPENSATION LIABILITY	1,483,842
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	14,381,862

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

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 95-3432210  
**Name:** Beckman Research Institute  
of the City of Hope

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	ENDOWMENT FUNDS BECKMAN RESEARCH INSTITUTE HAS BOARD DESIGNATED ASSETS or QUASI-ENDOWMENT FUNDS and other permanent endowment funds THAT ARE AVAILABLE TO FUND FUTURE RESEARCH, AND CAPITAL AND EXPANSION NEEDS AS DETERMINED BY THE MANAGEMENT AND THE BOARD OF DIRECTORS

**Supplemental Information**

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	FASB ASC 740 DISCLOSURE THE FOLLOWING PARAGRAPH IS FROM THE CONSOLIDATED CITY OF HOPE AND AFFILIATES (CITY OF HOPE, CITY OF HOPE AUXILIARIES, CITY OF HOPE NATIONAL MEDICAL CENTER, CITY OF HOPE MEDICAL FOUNDATION AND THE BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE) AUDITED FINANCIAL STATEMENTS AS OF SEPTEMBER 30, 2016 FINANCIAL ACCOUNTING STANDARDS BOARD (FASB), ACCOUNTING STANDARDS CODIFICATION ASC 740, INCOME TAXES, CLARIFIES THE ACCOUNTING FOR INCOME TAXES BY PRESCRIBING A MINIMUM RECOGNITION THRESHOLD THAT A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS FASB ASC 740 ALSO PROVIDES GUIDANCE ON DERECOGNITION, MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE AND TRANSITION THE GUIDANCE CONTAINED IN FASB ASC 740 IS APPLICABLE TO PASS-THROUGH ENTITIES AND TAX-EXEMPT ORGANIZATIONS CITY OF HOPE HAS NO SIGNIFICANT UNCERTAIN TAX POSITIONS OR TAX LIABILITIES FOR TAX BENEFITS, INTEREST OR PENALTIES ACCRUED AT SEPTEMBER 30, 2016 AND 2015

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Beckman Research Institute  
of the City of Hope

Employer identification number

95-3432210

**Part I General Information on Activities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
<b>3a</b> Sub-total		89			105,438,389
<b>b</b> Total from continuation sheets to Part I					
<b>c Totals</b> (add lines 3a and 3b)		110			105,438,389



**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>(1)</b>									
<b>(2)</b>									
<b>(3)</b>									
<b>(4)</b>									

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

**3** Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount 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)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*  Yes  No

**Part V Supplemental Information**

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).

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3	<p>ACTIVITIES PER REGION INVESTMENT ACTIVITIES OF THE BECKMAN RESEARCH INSTITUTE INCLUDE INVESTMENTS IN MULTIPLE VEHICLES THAT PROVIDE INVESTMENT INCOME AND RETURNS TO THE INSTITUTION TO FURTHER ITS MISSION AND PROGRAMS AS A RESULT, THERE ARE INVESTMENTS HELD IN OFFSHORE HEDGE FUNDS, MAINLY REGISTERED AS CAYMAN EXEMPTED CORPORATIONS THESE INVESTMENTS HELP MITIGATE RISK IN THE PORTFOLIO AND REPRESENT APPROXIMATELY 12% OF BECKMAN RESEARCH INSTITUTE'S OVERALL CASH AND INVESTMENT PORTFOLIO THE BECKMAN RESEARCH INSTITUTE HAS HOLDINGS THAT INCLUDE EQUITY COMINGLED FUNDS THAT INVEST PRIMARILY IN MARKETABLE EQUITY SECURITIES THESE FUNDS ARE SUBJECT TO CERTAIN NOTICE REQUIREMENTS, BUT CAN BE LIQUIDATED AT LEAST MONTHLY ALTERNATIVE INVESTMENTS ALSO INCLUDE HEDGE FUNDS AND LIMITED PARTNERSHIP FUNDS INVESTED IN REAL ESTATE AND NATURAL RESOURCES, MASTER LIMITED PARTNERSHIPS, PRIVATE EQUITY AND PRIVATE REAL ASSET FUNDS THESE INVESTMENTS HAVE BEEN INCLUDED IN FORM 990, PART X, LINE 12</p> <p>RESEARCH SYMPOSIA CONSIST OF SCIENTIFIC MEETINGS THAT BECKMAN RESEARCH INSTITUTE PRINCIPAL INVESTIGATORS AND OTHER RESEARCH STAFF ATTEND FOR EDUCATIONAL, RESEARCH AND SCIENTIFIC PURPOSES AND TO PRESENT AND SHARE RESEARCH OBJECTIVES AND RESULTS RESEARCH HAS A GLOBAL RESEARCH SYMPOSIA ARE OFTEN CONDUCTED IN THE VARIOUS REGIONS IDENTIFIED IN SCHEDULE F CITY OF HOPE SUPPORTS ATTENDANCE OF OUR RESEARCH STAFF AT THESE SYMPOSIA EMPLOYEE TRAVELERS MAY MAKE MULTIPLE TRIPS TO THE SAME REGION OR TO MULTIPLE REGIONS DURING A FISCAL YEAR IN THE CASE WHERE THE SAME EMPLOYEE TRAVELER MADE MORE THAN ONE TRIP TO THE SAME REGION, THEY ARE ONLY COUNTED ONE TIME AS A TRAVELER TO THAT REGION IF THE SAME EMPLOYEE TRAVELER TRAVELS TO MORE THAN ONE REGION, THAT INDIVIDUAL IS COUNTED ONLY ONCE IN EACH REGION VISITED THE TOTAL TRAVELERS ON LINE 3A, HOWEVER, ONLY COUNTS THE SAME TRAVELER ONCE IN THE GRAND TOTAL AS A RESULT THE TOTAL TRAVELERS PER REGION WILL NOT ADD UP TO THE TOTAL ON LINE 3A WE HAD 15 INSTANCES IN WHICH THE SAME TRAVELER TRAVELED TO MULTIPLE REGIONS DURING THE FISCAL YEAR ENDING SEPTEMBER 30, 2016 THE BECKMAN RESEARCH INSTITUTE DOES NOT HAVE ANY PHYSICAL PRESENCE OR EMPLOYEES OUTSIDE OF THE UNITED STATES THE BECKMAN RESEARCH INSTITUTE'S REPUTATION AS A WORLD CLASS RESEARCH AND TREATMENT FACILITY IS INTERNATIONALLY RECOGNIZED AS A RESULT OF THIS RECOGNITION, THE BECKMAN RESEARCH INSTITUTE RECEIVES DONATIONS AND GRANTS FROM PERSONS AND CORPORATIONS OUTSIDE OF THE UNITED STATES SCHEDULE F, PART I, COLUMN F EXPENDITURES ARE DETERMINED USING THE ACCRUAL METHOD OF ACCOUNTING</p>

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 95-3432210

**Name:** Beckman Research Institute  
of the City of Hope

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		105,176,273
Central America and the Caribbean		2	Program Services	Research Symposiums	2,668
East Asia and the Pacific		30	Program Services	Research Symposiums	115,831

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)		49	Program Services	Research Symposiums	99,937
Middle East and North Africa		3	Program Services	Research Symposiums	9,141
North America		20	Program Services	Research Symposiums	26,270

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America		2	Program Services	Research Symposiums	1,040
Sub-Saharan Africa		4	Program Services	Research Symposiums	7,229

**Schedule J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization Beckman Research Institute of the City of Hope	Employer identification number 95-3432210
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**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <table style="width:100%"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)									
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>									
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization										
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	Yes								
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III										
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>										
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of										
<b>a</b> The organization?	<b>5a</b>	No								
<b>b</b> Any related organization?	<b>5b</b>	No								
If "Yes," on line 5a or 5b, describe in Part III										
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of										
<b>a</b> The organization?	<b>6a</b>	No								
<b>b</b> Any related organization?	<b>6b</b>	No								
If "Yes," on line 6a or 6b, describe in Part III										
<b>7</b> For persons listed on 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	<b>7</b>	Yes								
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	<b>8</b>	No								
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>									



**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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

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

**Part III Supplemental Information**

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	<p>The organization permits first class travel for certain officers, directors and key executives in limited circumstances when specified travel criteria are met SCHEDULE J, PART I, LINE 3 THE CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION IS NOT COMPENSATED BY THE BECKMAN RESEARCH INSTITUTE BUT BY THE MEDICAL CENTER CHIEF EXECUTIVE OFFICER COMPENSATION IS ESTABLISHED BY THE EXECUTIVE COMPENSATION AND GOVERNANCE COMMITTEE OF THE CITY OF HOPE BOARD OF DIRECTORS ALL SOURCES INDICATED IN LINE 3 ARE UTILIZED BY THIS COMMITTEE TO SET SUCH COMPENSATION SEE NARRATIVE FOR SCHEDULE O, PART VI, LINE 15A SCHEDULE J, PART I, LINE 4B THE BECKMAN RESEARCH INSTITUTE HAS AN EXECUTIVE SUPPLEMENTAL ACCUMULATION PLAN THAT IS A NON-QUALIFIED SECTION 457(F) PLAN THE PLAN IS DESIGNED AND MAINTAINED TO PROVIDE A SELECT GROUP OF MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES WITH DEFERRED COMPENSATION THE PLAN VESTS AFTER THREE (3) FISCAL YEARS OF SERVICE AND THE VESTED TOTALS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN B(III) PRIOR TO VESTING, THE ANNUAL AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN C PURSUANT TO THE PLAN DOCUMENT, VESTED PARTICIPANTS ARE ENTITLED TO WITHDRAW FROM THEIR VESTED ACCOUNT AN AMOUNT EQUAL TO THE FEDERAL, STATE, LOCAL, AND FICA TAXES THESE AMOUNTS ARE REMITTED TO THE APPROPRIATE TAXING AUTHORITIES ON BEHALF OF THE PARTICIPANTS DURING CALENDAR YEAR 2015 THE FOLLOWING INDIVIDUALS WITHDREW THE REFERENCED AMOUNTS TO COVER SUCH TAXES VALERIE BINGHAM \$ 1,754 PAUL CONOCENTI \$47,153 WAEL FAKHRY \$31,603 DEBRA FIELDS \$ 5,602 DAVID HORNE \$ 7,550 ASHLEY LEE \$33,923 STEPHANIE NEUVIRTH \$14,319 WILLIAM SARGEANT \$83,625 GREGORY SCHETINA \$ 5,380 ROBERT STONE \$28,858 THESE AMOUNTS HAVE BEEN INCLUDED IN THE PARTICIPANTS' INCOME ON SCHEDULE J, PART II, COLUMN B(III) WAEL FAKHRY AND STEPHANIE NEUVIRTH ENDED EMPLOYMENT WITH CITY OF HOPE DURING THE CALENDAR YEAR ENDING DECEMBER 31, 2015 AND RECEIVED DISTRIBUTIONS FROM THE PLAN TOTALING \$61,484 AND \$137,759, RESPECTIVELY THESE AMOUNTS HAVE BEEN REPORTED AS TAXABLE COMPENSATION IN EITHER THE CURRENT YEAR OR IN A PRIOR YEAR 990 IN SCHEDULE J, PART II, COLUMN B(III) SCHEDULE J, PART I, LINE 7 The Beckman Research Institute Executives and some key employees are eligible to receive incentive compensation under an Annual Incentive Plan (AIP) tied to two (2) key indicators and two or more individual objectives The key indicators reflect key areas of strategic focus and the exempt healthcare mission of the City of Hope and affiliates and are both financial and non-financial The potential incentive compensation is based on a weighted average among all indicators and is paid as a percentage of each individual participants base compensation The key indicators are weighted at 30%, while the individual objectives are weighted at 70% The AIP is under the control of and administered by the independent directors serving on the Executive Compensation and Governance Committee To be eligible, the participants in the AIP must be employed by the Beckman Research Institute at the time of the incentive plan payment, and be meeting or exceeding performance expectations City of Hope may in its discretion cancel all or a portion of any incentive plan payment or award to any participant, whether before or following payment of such award, subject to compliance with applicable law, under these circumstances (Cancellation Policy) A) An incentive plan payment or award is made for a fiscal period and City of Hope subsequently restates or otherwise adjusts the annual performance measurement calculation in a manner that would reduce the size of the award or payment, or B) An incentive plan payment or award is made for fiscal period and City of Hope subsequently determines that one or more of the annual performance measurement calculations on which the award is based or is paid are materially inaccurate During calendar year 2015 City of Hope paid the incentive compensation earned for fiscal year 2015 and these amounts have been reported in Schedule J, Part II, Column B(II) The Beckman Research Institute has an Executive Long Term Incentive Plan (LTI) for certain executives that is designed to drive long-term organizational performance and transformation by aligning executives with the multi-year strategic plan and incentivizing them for achieving key organizational and strategic objectives and goals With three-year vesting periods, the LTI also provides a means for retaining key executive talent The initial performance period of the plan (Cycle 1) runs from October 1, 2012 through September 30, 2015, with a new three year performance period beginning each October 1 thereafter (e.g., Cycle 2 runs from October 1, 2013 through September 30, 2016) To be eligible, the participants in the LTI must be employed by the City of Hope at the time of the incentive plan payment, and be meeting or exceeding performance expectations While the LTI does meet the requirements for a substantial risk of forfeiture, as of the calendar year ending December 30, 2015, 9 months of year two plan Cycle 2, 3 months of year three plan Cycle 2 and 3 months of year three plan Cycle 2, 9 months of year 1 plan Cycle 4 of the potential LTI amounts have been estimated and accrued during the current tax year and are reported as deferred compensation to the plan participants in Schedule J, Part II, Column C THE LTI IS SUBJECT TO THE SAME CANCELLATION POLICY AS THE AIP DESCRIBED ABOVE ADDITIONALLY, CITY OF HOPE MADE CHANGES TO ITS VACATION AND HOLIDAY ACCRUAL POLICIES DURING CALENDAR YEAR 2015 THAT REDUCED THE NUMBER OF HOURS AN ELIGIBLE EMPLOYEE COULD CARRY AT ANY TIME THOSE INDIVIDUALS WHOSE ACCUMULATED HOURS EXCEEDED THE NEW MAXIMUM ACCRUAL RECEIVED A ONE-TIME PAYOUT OF THOSE ACCRUED HOURS THIS PAYOUT HAS BEEN REFLECTED AS REPORTABLE COMPENSATION IN SCHEDULE J, PART II, COLUMN B(III)</p>
SCHEDULE J, PART II	<p>JOHN J ROSSI, PHD, AND LINDA MALKAS, PHD, ARE MEMBERS OF THE BOARD OF DIRECTORS OF THE BECKMAN RESEARCH INSTITUTE AND ARE ALSO EMPLOYEES OF AND COMPENSATED BY THE BECKMAN RESEARCH INSTITUTE DR ROSSI IS A PROFESSOR AND DIRECTOR OF MOLECULAR MEDICINE AND THE DEAN OF THE CITY OF HOPE'S IRELL AND MANELLA GRADUATE SCHOOL OF BIOLOGICAL SCIENCES DR MALKAS IS A PROFESSOR AND DEPUTY DIRECTOR FOR BASIC RESEARCH FOR THE CANCER CENTER NEITHER DR ROSSI NOR DR MALKAS ARE COMPENSATED FOR THEIR SERVICES AS A MEMBER OF THE BECKMAN RESEARCH INSTITUTE'S BOARD OF DIRECTORS EMPLOYEE COMPENSATION FOR BOTH OF THESE INDIVIDUALS IS LISTED ON SCHEDULE J, PART II AND FORM 990, PART VII, SECTION A</p>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 95-3432210  
**Name:** Beckman Research Institute  
of the City of Hope

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 John Rossi Board Member/Professor	(i)	319,800	15,704	45,058	39,750	27,723	448,035	0
	(ii)	0	0	0	0	0	0	0
1 Linda Malkas Board Member/Professor	(i)	361,692	23,090	46,488	39,750	11,060	482,080	0
	(ii)	0	0	0	0	0	0	0
2 David Home Chairperson/Professor	(i)	456,825	170,912	89,441	21,760	30,585	769,523	0
	(ii)	0	0	0	0	0	0	0
3 Bonana Fanas Asst Treas/VP Treasury	(i)	57,695	13,549	266	6,002	6,581	84,093	0
	(ii)	173,086	40,647	798	18,004	-	-	0
4 Gregory Schetina Secretary/General Counsel	(i)	104,532	84,671	14,307	29,312	8,284	241,106	22,444
	(ii)	313,597	254,013	42,920	87,935	-	-	67,331
5 William Sargeant Asst Secretary/COO	(i)	155,905	125,429	52,627	36,357	4,867	375,185	66,402
	(ii)	467,714	376,288	157,880	109,070	-	-	199,206
6 Michael Fredman Ementus Cancer Ctr Director	(i)	25,178	13,804	32,618	2,112	2,129	75,841	0
	(ii)	226,597	124,237	293,559	19,011	-	-	0
7 Richard Magnuson TREASURER/CFO - OUTGOING	(i)	141,137	102,616	1,403	44,029	3,606	292,791	28,863
	(ii)	423,413	307,847	4,210	132,086	-	-	86,588
8 Robert W Stone President and CEO	(i)	239,687	266,193	42,807	77,111	9,088	634,886	64,429
	(ii)	719,061	798,580	128,422	231,334	-	-	193,286
9 Wael Fakhry Former Officer	(i)	77,714	6,397	24,158	1,646	5,959	115,874	12,172
	(ii)	310,855	25,588	96,631	6,584	-	-	48,688
10 Ashley Baker Lee SVP Rsch Ops	(i)	354,090	216,016	107,197	8,230	30,097	715,630	59,979
	(ii)	0	0	0	0	-	-	0
11 Debra Fields Chief Risk Officer	(i)	97,192	121,316	8,218	27,845	8,086	262,657	20,884
	(ii)	291,576	363,947	24,653	83,535	-	-	62,653
12 Harlan Levine COH Medical Foundation CE	(i)	39,533	298,235	447	12,235	1,412	351,862	8,063
	(ii)	751,122	566,859	8,484	232,469	-	-	153,200
13 Steven Rosen Chief Scientific Officer	(i)	452,820	380,275	57,478	136,007	16,092	1,042,672	0
	(ii)	341,601	286,875	43,361	102,601	-	-	0
14 Lisa Stockmon Chief Marketing & Comm Officer	(i)	96,339	37,500	18,175	12,066	4,763	168,843	0
	(ii)	289,019	112,500	54,525	36,197	-	-	0
15 Valene Bingham Former Officer	(i)	59,268	10,880	1,828	4,893	6,703	83,572	0
	(ii)	177,805	32,642	5,483	14,680	-	-	0
16 Comelis van den Berg Interim CFO/Treasurer	(i)	46,694	30,434	323	0	2,458	79,909	0
	(ii)	140,084	91,302	967	0	-	-	0
17 Larry Kwak Associate Professor	(i)	475,679	565,000	73,671	37,917	23,220	1,175,487	0
	(ii)	0	0	0	0	0	0	0
18 STEPHANIE NEUVIRTH CHIEF HR OFFICER - OUTGOING	(i)	62,589	0	38,260	1,941	3,524	106,314	0
	(ii)	187,766	0	114,781	5,824	-	-	0
19 JONATHAN REUTER VP FACILITIES & CONSTRUCTION	(i)	114,979	28,933	999	3,292	10,406	158,609	0
	(ii)	172,468	43,399	1,498	4,938	-	-	0
					15,609	237,912		

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 Larry Couture VP CATD	(i)	382,059	109,337	55,706	21,760	13,461	582,323	0
	(ii)	0	0	0	0	0	0	0

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury

Internal Revenue Service

Name of the organization Beckman Research Institute of the City of Hope

Employer identification number

95-3432210

Part I Bond Issues

Table with columns (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased, (h) On behalf of issuer, (i) Pool financing. Row 1: CALIF HLTH FACLTY FIN AUTH (SEE PART VI), 52-1643828, 13033LN37, 11-14-2012, 57,928,340, REFUNDING ISSUE/CAPITAL PROJECTS.

Part II Proceeds

Table with columns A, B, C, D for various bond proceeds items. Includes rows for amount of bonds retired, amount of bonds legally defeased, total proceeds of issue, gross proceeds in reserve funds, capitalized interest from proceeds, proceeds in refunding escrows, issuance costs from proceeds, credit enhancement from proceeds, working capital expenditures from proceeds, capital expenditures from proceeds, other spent proceeds, other unspent proceeds, year of substantial completion, and questions 14-17 regarding bond issuance and allocation.

Part III Private Business Use

Table with columns A, B, C, D for private business use questions. Row 1: Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? Row 2: Are there any lease arrangements that may result in private business use of bond-financed property?

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X							
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X							
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	1 100 %							
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .	1 100 %							
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X						
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X						
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .								
<b>b</b> Exception to rebate? . . . . .								
<b>c</b> No rebate due? . . . . .	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X							
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
<b>b</b> Name of provider . . . . .	UNION BNWELLS FARGO							
<b>c</b> Term of hedge . . . . .	30 %							
<b>d</b> Was the hedge superintegrated? . . . . .		X						
<b>e</b> Was the hedge terminated? . . . . .		X						

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider . . . . .	0							
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X							

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART I, LINE A	AN ELECTION WAS MADE UNDER 1 150-1(C)(3) TO TREAT THE BOND ISSUE AS TWO SEPARATE ISSUES AND WAS REPORTED ON TWO SEPARATE FORMS 8038 ONE WAS FOR REFUNDING THE CITY OF HOPE NATIONAL MEDICAL CENTER'S CITY OF DUARTE CERTIFICATES OF PARTICIPATION SERIES 1999A AND THE OTHER WAS FOR REFUNDING (1) THE CITY OF HOPE NATIONAL MEDICAL CENTER PROJECT SERIES 2006A,B,C ISSUES AND (2) THE BECKMAN RESEARCH INSTITUTE'S 2007 CALIFORNIA ENTERPRISE DEVELOPMENT AUTHORITY ISSUE THIS SECOND FORM 8038 REPORTED AN ISSUE PRICE OF \$198,734,018 FOR PURPOSES OF SCHEDULE K REPORTING, THE BECKMAN RESEARCH INSTITUTE IS REPORTING AN ALLOCABLE AMOUNT OF THE ISSUE PRICE AND EXPENDITURES BECKMAN RESEARCH INSTITUTE IS REPORTING AN ISSUE PRICE OF \$57,928,340, WHILE THE CITY OF HOPE NATIONAL MEDICAL CENTER IS REPORTING AN ISSUE PRICE OF \$140,805,678 SCHEDULE K, PART I, LINE A COLUMN (F) THE 2012 ISSUE REFUNDED BECKMAN RESEARCH INSTITUTE'S TAX EXEMPT PRIVATE PLACEMENT ISSUED ON JULY 12, 2007 THROUGH CALIFORNIA ENTERPRISE DEVELOPMENT AUTHORITY SCHEDULE K, PART II, LINE 11, COLUMN A THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE WHICH ARE NO LONGER IN ESCROW SCHEDULE K, PART IV CITY OF HOPE COMPLETED THE REBATE COMPUTATION ON SEPTEMBER 3, 2015 WITH NO REBATE LIABILITY DUE

**Schedule L**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Transactions with Interested Persons**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization: Beckman Research Institute of the City of Hope  
Employer identification number: 95-3432210

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) Linda Malkas	Director	Mtg Subsidy		X	500,000	435,407		No	Yes		Yes	
Total						▶ \$	435,407					

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance



**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

**Part V Supplemental Information**

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

Return Reference	Explanation
SCHEDULE L, PART II	LOANS TO/FROM INTERESTED PERSONS LINDA H MALKAS, PHD, WAS PROVIDED A MORTGAGE ASSISTANCE LOAN AS PART OF HER RECRUITMENT BY THE BECKMAN RESEARCH INSTITUTE DR MALKAS MAKES MONTHLY PRINCIPAL AND INTEREST PAYMENTS ON THIS LOAN AND IS CURRENT WITH ALL PAYMENTS THE LOAN BEARS INTEREST AT 2.42 PERCENT PER ANNUM AND IS SECURED BY REAL PROPERTY IN THE STATE OF CALIFORNIA THE NOTE IS DUE IN FULL FOR ANY REMAINING OUTSTANDING PRINCIPAL AND INTEREST THE EARLIER OF MAY 9, 2021 OR THE TERMINATION OF DR MALKAS' EMPLOYMENT

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 95-3432210

**Name:** Beckman Research Institute  
of the City of Hope

### Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) KIRSTEN ROOD	SPOUSE OF A KEY EMPLOYEE	64,869	EMPLOYEE COMPENSATION		No
(1) SYLVANA COUTURE	SPOUSE OF A KEY EMPLOYEE	20,073	EMPLOYEE COMPENSATION		No
(2) ROBERT HICKEY	SPOUSE OF BOARD MEMBER	205,984	EMPLOYEE COMPENSATION		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(4) DANIEL ROSSI	CHILD OF BOARD MEMBER	39,658	EMPLOYEE COMPENSATION		No

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

Department of the  
Treasury  
Internal Revenue  
Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

**2015**

**Open to Public  
Inspection**

Name of the organization  
Beckman Research Institute  
of the City of Hope

Employer identification number

95-3432210

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III LINE 1	<p>ORGANIZATION'S MISSION - CONTINUATION BECKMAN RESEARCH INSTITUTE'S MISSION IS TO SUPPORT INNOVATIVE AND CREATIVE RESEARCH AND TO EDUCATE FUTURE SCIENTISTS IN THE BIOLOGICAL SCIENCES RESEARCH IS OF THE HIGHEST CALIBER AND DIRECTED TO AN UNDERSTANDING OF THE MOLECULES AND PROCESSES OF LIFE, INCLUDING THOSE PROCESSES IMPORTANT TO THE CAUSES, PREVENTION AND CURE OF HUMAN DISEASE BECKMAN RESEARCH INSTITUTE IS PART OF AN INTEGRATED SYSTEM THAT COMBINES BENCH AND CLINICAL RESEARCH ACTIVITIES DIRECTLY WITH PATIENT CARE, IN BOTH AN IN-PATIENT AND OUT-PATIENT SETTING THIS INTEGRATED SYSTEM KNOWN AS CITY OF HOPE COLLECTIVELY REFERS TO CITY OF HOPE, CITY OF HOPE NATIONAL MEDICAL CENTER, CITY OF HOPE MEDICAL FOUNDATION, BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE, AND CITY OF HOPE AUXILIARIES AS AN INNOVATIVE BIOMEDICAL RESEARCH, TREATMENT AND EDUCATIONAL INSTITUTION, WE ARE COMMITTED TO TRANSFORMING THE FUTURE OF HEALTH EVERY DAY WE TURN SCIENCE INTO PRACTICAL BENEFIT WE TURN HOPE INTO REALITY WE ACCOMPLISH THIS THROUGH EXQUISITE CARE, INNOVATIVE RESEARCH, AND VITAL EDUCATION FOCUSED ON ELIMINATING CANCER, DIABETES AND OTHER LIFE-THREATENING DISEASES CITY OF HOPE IS GUIDED BY A COMPASSIONATE, PATIENT-CENTERED PHILOSOPHY AND SUPPORTED BY A NATIONAL FOUNDATION OF PHILANTHROPY</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4A	<p>PROGRAM SERVICE ACCOMPLISHMENTS - CONTINUATION RESEARCHERS AT BECKMAN RESEARCH INSTITUTE UNDERTAKE FUNDAMENTAL INVESTIGATIONS IN MOLECULAR GENETICS AND CELLULAR BIOLOGY , STUDYING BIOLOGICAL PROCESSES, CELL DIFFERENTIATION AND EARLY DEVELOPMENT, CELLULAR SIGNALING, RNA PROCESSING AND GENOMIC STRUCTURE THEY HAVE ACHIEVED MAJOR ADVANCES IN RECOMBINANT DNA TECHNOLOGY , MONOCLONAL ANTIBODIES, GENE THERAPY , EPIGENETICS, SI-RNA TECHNOLOGY AND CANCER IMMUNOTHERAPEUTICS A DEPARTMENT IN BECKMAN RESEARCH INSTITUTE IS DEDICATED TO UNDERSTANDING AND DEVELOPING TREATMENTS BASED ON CANCER'S INTERACTION WITH THE IMMUNE SY STEM OTHER RESEARCH HAS IDENTIFIED PROTEINS THAT MAY PLAY CRITICAL ROLES IN IMMUNE RESPONSE AND MAY LEAD TO NEW TREATMENT STRATEGIES ANOTHER MAJOR EMPHASIS FOR THE BECKMAN RESEARCH INSTITUTE SCIENTISTS IS PERSONALIZED RESEARCH AND MEDICINE - ANALYZING PATIENTS' UNIQUE GENETIC PROFILES TO DEVELOP TAILORED THERAPIES FOR THEIR SPECIFIC DISEASE ALL OF THIS RESEARCH IS UNIQUELY SUPPORTED BY ONSITE MANUFACTURING FACILITIES THAT CAN TEST AND PRODUCE QUANTITIES OF CELL-BASED, GENE-BASED AND MOLECULAR THERAPIES THESE FACILITIES FURTHER SERVE AS RESOURCES TO MEDICAL AND SCIENTIFIC RESEARCH CENTERS NATIONWIDE BECKMAN RESEARCH INSTITUTE SCIENTISTS SERVE AS FACULTY MEMBERS IN CITY OF HOPE'S IRELL &amp; MANELLA GRADUATE SCHOOL OF BIOLOGICAL SCIENCES THE GRADUATE SCHOOL'S MISSION IS TO TRAIN STUDENTS TO BE OUTSTANDING RESEARCH SCIENTISTS IN CHEMICAL, MOLECULAR AND CELLULAR BIOLOGY THE SCHOOL IS ACCREDITED BY THE WESTERN ASSOCIATION OF SCHOOLS AND COLLEGES GRADUATES OF THE PROGRAM, AWARDED A DOCTORATE OF PHILOSOPHY IN BIOLOGICAL SCIENCES, ARE EQUIPPED TO ADDRESS FUNDAMENTAL QUESTIONS IN LIFE SCIENCES AND BIOMEDICINE FOR CAREERS IN A CA DEMIA, INDUSTRY AND GOVERNMENT</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART IV, QUESTION 13 AND SCHEDULE E</p>	<p>THE BECKMAN RESEARCH INSTITUTE IS ENGAGED IN THE CONTINUOUS ACTIVE CONDUCT OF MEDICAL AND SCIENTIFIC RESEARCH BECKMAN RESEARCH INSTITUTE OPERATES A GRADUATE SCHOOL AND COMPLIES WITH REV PROC 75-50 EVEN THOUGH THE OPERATIONS OF THE GRADUATE SCHOOL IS LESS THAN 2% OF THE ORGANIZATION'S TOTAL EXPENSES DUE TO LIMITATIONS IN THE 990 RETURN SOFTWARE APPLICATION, WE ARE UNABLE TO PROVIDE OUR RESPONSES DIRECTLY ON SCHEDULE E, THEREFORE, THE FOLLOWING RESPONDS TO THE QUESTIONS IN THE SCHEDULE E SCHOOLS QUESTIONNAIRE 1 DOES THE ORGANIZATION HAVE A RACIALLY NONDISCRIMINATORY POLICY TOWARD STUDENTS BY STATEMENT IN ITS CHARTER, BY LAWS, OTHER GOVERNING INSTRUMENT, OR IN A RESOLUTION OF ITS GOVERNING BODY? "YES" 2 DOES THE ORGANIZATION INCLUDE A STATEMENT OF ITS RACIALLY NONDISCRIMINATORY POLICY TOWARD STUDENTS IN ALL ITS BROCHURES, CATALOGUES, AND OTHER WRITTEN COMMUNICATIONS WITH THE PUBLIC DEALING WITH STUDENT ADMISSIONS, PROGRAMS, AND SCHOLARSHIPS? "YES" 3 HAS THE ORGANIZATION PUBLICIZED ITS RACIALLY NONDISCRIMINATORY POLICY THROUGH NEWSPAPER OR BROADCAST MEDIA DURING THE PERIOD OF SOLICITATION FOR STUDENTS, OR DURING THE REGISTRATION PERIOD IF IT HAS NO SOLICITATION PROGRAM, IN A WAY THAT MAKES THE POLICY KNOWN TO ALL PARTS OF THE GENERAL COMMUNITY IT SERVES? IF YES, PLEASE DESCRIBE, IF NO, PLEASE EXPLAIN "NO" THE GRADUATE SCHOOL CUSTOMARILY DRAWS A SUBSTANTIAL PERCENTAGE OF ITS STUDENTS FROM LARGE GEOGRAPHIC SECTIONS OF THE UNITED STATES AND INTERNATIONALLY, AND FOLLOWS A RACIALLY NONDISCRIMINATORY POLICY AS DEMONSTRATED BY ITS CURRENT ENROLLMENT OF STUDENTS OF RACIAL MINORITY GROUPS IN MEANINGFUL NUMBERS ACCORDINGLY, THE GRADUATE SCHOOL SATISFIES THE PUBLICITY REQUIREMENTS OF SECTION 4 03 BY COMPLYING WITH SECTION 4 02 IN THAT IT INCLUDES A STATEMENT OF ITS RACIALLY NONDISCRIMINATORY POLICY AS TO STUDENTS IN ITS CATALOGUES AND ON THE ORGANIZATION'S WEBSITE 4 DOES THE ORGANIZATION MAINTAIN THE FOLLOWING 4A RECORDS INDICATING THE RACIAL COMPOSITION OF THE STUDENT BODY, FACULTY, AND ADMINISTRATIVE STAFF? "YES" 4B RECORDS DOCUMENTING THAT SCHOLARSHIPS AND OTHER FINANCIAL ASSISTANCE ARE AWARDED ON A RACIALLY NONDISCRIMINATORY BASIS? "YES" 4C COPIES OF ALL CATALOGUES, BROCHURES, ANNOUNCEMENTS, AND OTHER WRITTEN COMMUNICATIONS TO THE PUBLIC DEALING WITH STUDENT ADMISSIONS, PROGRAMS, AND SCHOLARSHIPS? "YES" 4D COPIES OF ALL MATERIAL USED BY THE ORGANIZATION OR ON ITS BEHALF TO SOLICIT CONTRIBUTIONS? "YES" 5 DOES THE ORGANIZATION DISCRIMINATE BY RACE IN ANY WAY WITH RESPECT TO 5A STUDENT'S RIGHTS OR PRIVILEGES? "NO" 5B ADMISSIONS POLICIES? "NO" 5C EMPLOYMENT OF FACULTY OR ADMINISTRATIVE STAFF? "NO" 5D SCHOLARSHIPS OR OTHER FINANCIAL ASSISTANCE? "NO" 5E EDUCATIONAL POLICIES? "NO" 5F USE OF FACILITIES? "NO" 5G ATHLETIC PROGRAMS? "NO" 5H OTHER EXTRACURRICULAR ACTIVITIES? "NO" 6A DOES THE ORGANIZATION RECEIVE ANY FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENTAL AGENCY? "NO" 6B HAS THE ORGANIZATION'S RIGHT TO SUCH AID EVER BEEN REVOKED OR</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART IV, QUESTION 13 AND SCHEDULE E	SUSPENDED? "NO" 7 DOES THE ORGANIZATION CERTIFY THAT IT HAS COMPLIED WITH THE APPLICABLE REQUIREMENTS OF SECTIONS 4 01 THROUGH 4 05 OF REV PROC 75-50, 1975-2C B 587, COVERING RACIAL NONDISCRIMINATION? "YES"

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 6 AND 7A	THE SOLE CORPORATE MEMBER, CITY OF HOPE (95-3435919), ELECTS THE BOARD OF DIRECTORS TO BECKMAN RESEARCH INSTITUTE FORM 990, PART VI, SECTION A, LINE 7B CERTAIN ACTIONS MAY NOT BE UNDERTAKEN WITHOUT THE PRIOR WRITTEN APPROVAL OF THE SOLE CORPORATE MEMBER, CITY OF HOPE, AS SPECIFIED IN THE GOVERNING DOCUMENTS OF BECKMAN RESEARCH INSTITUTE, INCLUDING BORROW MONEY IN THE NAME OF BECKMAN RESEARCH INSTITUTE OR UTILIZING PROPERTY OWNED BY BECKMAN RESEARCH INSTITUTE AS SECURITY FOR SUCH LOANS, ASSIGN, TRANSFER, PLEDGE, COMPROMISE OR RELEASE ANY OF THE CLAIMS OR DEBTS TO BECKMAN RESEARCH INSTITUTE EXCEPT ON PAYMENT IN FULL, OR ARBITRATE OR CONSENT TO THE ARBITRATION OF ANY DISPUTE OR CONTROVERSY OF BECKMAN RESEARCH INSTITUTE, MAKE, EXECUTE OR DELIVER ANY ASSIGNMENT FOR THE BENEFIT OF CREDITORS, OR ANY BOND, CONFESSION OF JUDGMENT, CHATTEL MORTGAGE, SECURITY AGREEMENT, DEED, GUARANTY, INDEMNITY BOND, SURETY BOND, OR CONTRACT TO SELL OR BILL OF SALE OF THE PROPERTY OF BECKMAN RESEARCH INSTITUTE, ACQUIRE, PURCHASE, DEVELOP, IMPROVE, SELL, LEASE, OR MORTGAGE ANY CORPORATE REAL ESTATE OR ANY INTEREST THEREIN OR ENTER INTO ANY CONTRACT FOR ANY SUCH PURPOSES, OR MAKE ANY LOAN, INVESTMENT, TRANSFER OR DISPOSITION OF ANY ASSETS OF BECKMAN RESEARCH INSTITUTE OR ENTER INTO ANY CONTRACT OR INCUR ANY LIABILITIES ON BEHALF OF BECKMAN RESEARCH INSTITUTE OTHER THAN FOR FAIR CONSIDERATION AND IN THE ORDINARY COURSE OF BUSINESS RELATING TO ITS NORMAL DAILY OPERATION, OR ESTABLISH CAPITAL AND OPERATING BUDGETS OR ADOPT MATERIAL CHANGES THERETO, OR ANY ACTION THAT COULD REASONABLY BE EXPECTED TO HAVE A MATERIAL ADVERSE EFFECT ON THE 501(C)(3) STATUS OF TAX-EXEMPT BONDS OF CITY OF HOPE AND AFFILIATES THE FOLLOWING REQUIRE GOVERNING BODY APPROVAL (AS WELL AS THE APPROVAL OF THE SOLE CORPORATE MEMBER) THE ADOPTION OF, OR MATERIAL CHANGE IN, THE MISSION OF BECKMAN RESEARCH INSTITUTE, SALE OR DISPOSITION OF ALL OR SUBSTANTIALLY ALL ASSETS, MERGER AND ITS PRINCIPAL TERMS (AND ANY AMENDMENT TO THOSE TERMS), DISSOLUTION OF THE CORPORATION, ADOPTION OF OPERATING AND CAPITAL BUDGETS, ACQUISITIONS AND CAPITAL EXPENDITURES MEETING A CERTAIN FINANCIAL THRESHOLD, BORROWINGS, GUARANTIES, LOANS, AND BOND ISSUANCE MEETING A CERTAIN FINANCIAL THRESHOLD, CREATION OF A NEW (OR ACQUISITION OF A CONTROLLING INTEREST IN AN EXISTING) CORPORATION, PARTNERSHIP OR LIMITED LIABILITY COMPANY, AND ADOPTION OF OR AMENDMENTS TO INDIVIDUAL CORPORATE INVESTMENT GUIDELINES



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART VI, SECTION B, LINE 11B</p>	<p>A COPY OF THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS OF CITY OF HOPE, WHICH ASSISTS THE BECKMAN RESEARCH INSTITUTE'S BOARD IN FULFILLING ITS RESPONSIBILITIES REGARDING FINANCIAL, ACCOUNTING, AND CORPORATE COMPLIANCE MATTERS OF BECKMAN RESEARCH INSTITUTE. CITY OF HOPE'S AUDIT COMMITTEE ALSO SERVES AS THE AUDIT COMMITTEE OF BECKMAN RESEARCH INSTITUTE. ADDITIONALLY, THE PREPARATION OF THE FORM 990 IS DONE INTERNALLY AND IS REVIEWED THOROUGHLY WITH INTERNAL LEADERSHIP AND EXTERNAL PARTICIPANTS, INCLUDING THE PREPARER, AND RETAINED OUTSIDE TAX COUNSEL PRIOR TO FILING. THE BECKMAN RESEARCH INSTITUTE FORM 990 IS MADE AVAILABLE TO VOTING MEMBERS OF THE CITY OF HOPE BOARD OF DIRECTORS FOR REVIEW ELECTRONICALLY. FORM 990, PART VI, SECTION B, LINE 12C ALL EMPLOYEES OF CITY OF HOPE AND AFFILIATES, MEMBERS OF THE BOARDS OF DIRECTORS, BOARD COMMITTEE MEMBERS AND RESEARCH TEAM MEMBERS ARE COVERED BY CITY OF HOPE'S APPLICABLE CONFLICT OF INTEREST POLICIES. DETERMINATIONS AS TO WHETHER A CONFLICT OF INTEREST EXISTS AND REVIEW OF SUCH CONFLICT DISCLOSURES ARE MADE BY GENERAL COUNSEL AND CHIEF COMPLIANCE OFFICER AND, AS APPLICABLE, THE CHAIR OF THE BOARD OR BOARD OF DIRECTORS OR THE CONFLICT OF INTEREST AND COMMITMENT COMMITTEE, BASED UPON THE CATEGORY OF PERSON MAKING THE DISCLOSURE. RESTRICTIONS IMPOSED ON PERSONS TO MANAGE A CONFLICT VARY, BASED UPON THE FACTS AND MAY INCLUDE PROHIBITION FROM PARTICIPATING IN A GOVERNING BODY'S DELIBERATIONS AND VOTING ON A GIVEN TRANSACTION OR SET OF TRANSACTIONS, RECUSAL FROM THE DECISION-MAKING PROCESS RELATING TO BUSINESS TRANSACTIONS (E.G., PURCHASING DECISIONS), PROHIBITION FROM PARTICIPATING AS A PRINCIPAL INVESTIGATOR IN RESEARCH, AND DISCLOSURE OF FINANCIAL INTEREST IN RESEARCH STUDY INFORMED CONSENT FORMS AND PUBLICATIONS MONITORING TRANSACTIONS FOR CONFLICTS OF INTEREST IS DONE THROUGH ANNUAL REQUIRED DISCLOSURES AND UPDATES BY PERSONS COVERED BY THE ORGANIZATION'S CONFLICT OF INTEREST POLICIES AND A CONCURRENT REVIEW OF SUCH DISCLOSURES AGAINST TRANSACTIONS. CITY OF HOPE POLICY PROVIDES FOR DISCIPLINARY ACTION AGAINST PERSONS COVERED BY THE CONFLICT OF INTEREST POLICIES WHO DO NOT COMPLY WITH POLICY REQUIREMENTS. FORM 990, PART VI, SECTION B, LINES 15A AND 15B The Executive Compensation and Governance Committee of City of Hope's Board of Directors (Committee), pursuant to a delegation of authority from the Board, is responsible for setting the compensation of the CEO and certain other senior executives. THE COMMITTEE ALSO SERVES AS THE EXECUTIVE COMPENSATION AND GOVERNANCE COMMITTEE OF THE BECKMAN RESEARCH INSTITUTE. The Directors on the Committee are independent and adhere to a strict conflict of interest policy and deliberation and decision making are substantiated in the minutes of the Committees meetings. The minutes are reviewed and approved at the next meeting of the Committee. As part of the deliberation process, the Committee receives advice from an independent, t</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	<p>Third-party compensation consultant with respect to executive compensation, including review of comparable and benchmark data, current compensation philosophy, structure, and administration of the executive cash compensation programs at City of Hope and affiliates. The Committee carries out the Board of Directors overall responsibilities relating to executive compensation. The executive compensation philosophy is designed to assist in attracting and retaining the caliber of executive leadership required to enable City of Hope to achieve the highest levels of community benefit, impact to clinical care, quality research and efficient philanthropic development. The Committee targets the 50th percentile of base salary and the 75th percentile of total cash compensation of the market in which City of Hope competes for executives. Under an Annual Incentive Plan (AIP) and a Long Term Incentive Plan (LTI), a substantial portion of executive compensation is linked directly to performance goals approved in advance by the Committee. As a result, performance compensation may vary from year to year. Goal setting under the AIP is tied to annual performance, including the attainment of specific business objectives for strategic and financial performance as well as non-financial measures such as patient satisfaction and quality of patient care. The LTI is designed to drive long-term organizational performance and transformation by aligning executives with the multi-year strategic plan and incentivizing them for achieving key organizational and strategic objectives and goals. With three-year vesting periods, the LTI also provides a means for retaining key executive talent. The Committee conducts annual compensation reviews for executives and certain key employees and this was last completed on December 23, 2016. The compensation programs and ranges for all officers and key employees listed on Form 990, Part VII at the SVP or equivalent level and above are reviewed by this Committee.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION C, LINE 19	BECKMAN RESEARCH INSTITUTE'S ARTICLES OF INCORPORATION ARE AVAILABLE TO THE PUBLIC THROUGH THE SECRETARY OF STATE CITY OF HOPE AND AFFILIATES' 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 BECKMAN RESEARCH INSTITUTE'S BYLAWS ARE NOT MADE AVAILABLE TO THE PUBLIC

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VII, COLUMN (B)	<p>FULL TIME EXEMPT EMPLOYEES GENERALLY WORK IN EXCESS OF 40 HOURS PER WEEK, WHICH HAS BEEN REFLECTED IN PART VII BY AN ESTIMATE OF 60 HOURS PER WEEK. THE MEMBERS OF THE BOARD OF DIRECTORS ARE NOT COMPENSATED FOR SERVING ON THE BOARD. THE HOURS WORKED FOR EACH DIRECTOR IS AN ESTIMATE OF THE TIME SPENT PREPARING FOR AND ATTENDING MEETINGS OF THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS HELD THREE REGULARLY SCHEDULED MEETINGS DURING FISCAL YEAR 2016. THE AUDIT AND COMPLIANCE COMMITTEE HELD 6 REGULARLY SCHEDULED MEETINGS IN FISCAL YEAR 2016. MOST OF THE CITY OF HOPE OFFICERS AND KEY EMPLOYEES, AS WELL AS A FEW OF ITS HIGHEST COMPENSATED EMPLOYEES, PROVIDE SERVICES TO MORE THAN ONE CITY OF HOPE ENTITY, AND MANY OF THEM PROVIDE SERVICES TO ALL OF THE ENTITIES. FOR A NUMBER OF THESE CONCURRENTLY-EMPLOYED INDIVIDUALS, THE ENTITIES HAVE DESIGNATED THE MEDICAL CENTER AS THE "COMMON PAYMASTER" AS IS DEFINED IN SECTION 3121(S) OF THE INTERNAL REVENUE CODE. CITY OF HOPE REPORTS THESE CONCURRENT EMPLOYEES' TIME, EFFORT AND COMPENSATION ON THE INFORMATION RETURNS OF THE CITY OF HOPE ENTITIES BASED ON THE ESTIMATES OF THEIR TIME SPENT IN AND FOR EACH ENTITY. AS "COMMON PAYMASTER," THE MEDICAL CENTER ISSUES EACH OF THESE EMPLOYEES A SINGLE, COMBINED PAY CHECK AND ONE FORM W-2.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	CHANGE IN FAIR VALUE OF INTEREST RATE SWAP AGREEMENT (2,959,141) UNCOLLECTIBLE GRANTS (73,597) _____ TOTAL LINE 9 CHANGES (3,032,738)

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2015**

**Open to Public Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Beckman Research Institute  
of the City of Hope

Employer identification number

95-3432210

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> CITY OF HOPE 1500 EAST DUARTE ROAD  DUARTE, CA 91010 95-3435919	FUNDRAISING	CA	501(C)3	7	NA		No
<b>(2)</b> CITY OF HOPE NATIONAL MEDICAL CENTER 1500 EAST DUARTE ROAD  DUARTE, CA 91010 95-1683875	HOSPITAL	CA	501(C)3	3	CITY OF HOPE	Yes	
<b>(3)</b> City of Hope Medical Foundation 1500 E Duarte Road  Duarte, CA 91010 27-4803222	Healthcare	CA	501(C)3	3	City of Hope	Yes	

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

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

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

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

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
  
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
  
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
  
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
  
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> CITY OF HOPE NATIONAL MEDICAL CENTER	P	33,958,114	FMV
<b>(2)</b> CITY OF HOPE NATIONAL MEDICAL CENTER	Q	8,096,977	FMV
<b>(3)</b> CITY OF HOPE NATIONAL MEDICAL CENTER	O	22,196,741	FMV
<b>(4)</b> CITY OF HOPE NATIONAL MEDICAL CENTER	M	28,069,068	FMV
<b>(5)</b> CITY OF HOPE NATIONAL MEDICAL CENTER	L	1,021,006	FMV
<b>(6)</b> CITY OF HOPE MEDICAL FOUNDATION	Q	103,259	FMV





**Part VII** **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>
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## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 95-3432210  
**Name:** Beckman Research Institute  
of the City of Hope

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1) CITY OF HOPE NATIONAL MEDICAL CENTER	P	33,958,114	FMV
(1) CITY OF HOPE NATIONAL MEDICAL CENTER	Q	8,096,977	FMV
(2) CITY OF HOPE NATIONAL MEDICAL CENTER	O	22,196,741	FMV
(3) CITY OF HOPE NATIONAL MEDICAL CENTER	M	28,069,068	FMV
(4) CITY OF HOPE NATIONAL MEDICAL CENTER	L	1,021,006	FMV
(5) CITY OF HOPE MEDICAL FOUNDATION	Q	103,259	FMV