

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015
Open to Public Inspection

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

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: City of Hope
City of Hope
% CORNELIS VAN DEN BERG
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite: 1500 East Duarte Road
City or town, state or province, country, and ZIP or foreign postal code: Duarte, CA 91010

D Employer identification number: 95-3435919
E Telephone number: (626) 256-4673
G Gross receipts \$ 642,067,297

F Name and address of principal officer: Robert Stone, 1500 East Duarte Road, Duarte, CA 91010

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: www.cityofhope.org

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1980 **M** State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO RAISE FUNDS TO SUPPORT AND TRANSFORM THE FUTURE OF HEALTH CARE BY TURNING SCIENCE INTO PRACTICAL BENEFIT AND HOPE FOR CURES INTO REALITY

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	180
6 Total number of volunteers (estimate if necessary)	6	10,000
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-2,037,811
7b Net unrelated business taxable income from Form 990-T, line 34	7b	-2,037,811

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	125,760,188	130,758,956
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,831,908	23,536,096
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	288,933,781	324,907,827
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	448,525,877	479,202,879

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	299,933,024	286,487,685
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	23,959,821	22,664,743
16a	Professional fundraising fees (Part IX, column (A), line 11e)	4,894,838	5,277,943
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶25,047,717		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	14,207,528	19,075,632
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	342,995,211	333,506,003
19	Revenue less expenses Subtract line 18 from line 12	105,530,666	145,696,876

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,011,585,213	1,222,362,674
21	Total liabilities (Part X, line 26)	29,504,589	36,845,299
22	Net assets or fund balances Subtract line 21 from line 20	982,080,624	1,185,517,375

Part II Signature Block

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

Sign Here
Signature of officer: CORNELIS VAN DEN BERG INTERIM CFO
Type or print name and title

Paid Preparer Use Only
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

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

For Paperwork Reduction Act Notice, see the separate instructions.

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

CITY OF HOPE PROVIDES SUPPORT FOR ADVANCEMENT OF TREATMENTS TO PERSONS SUFFERING FROM CANCER, DIABETES, AND OTHER LIFE-THREATENING DISEASES CONTINUED ON 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 \$ 286,487,685 including grants of \$ 286,487,685) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 2,432,470 including grants of \$) (Revenue \$)
See Additional Data

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 288,920,155

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, Yes, No. Rows include questions 1 through 20b regarding organizational activities, lobbying, endowments, and financial statements.

Part IV Checklist of Required Schedules (continued)

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

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 [X]

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 other IRS filings.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	Yes	
8b	b Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Yes	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	Yes	
15b	b Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶ AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, IL, IN, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, WA, WV, WI
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶CORNELIS VAN DEN BERG 1500 E 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										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							5,173,422	10,042,776	2,076,430	

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 **▶ 56**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 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
CHAPMAN CUBINE ADAMS HUSSEY, 1600 WILSON BLVD SUITE 300 ARLINGTON, VA 22209	PROF FUNDRAISING	3,887,607
PRICEWATERHOUSE COOPERS, 7160 COLUMBIA GATEWAY DRIVE COLUMBIA, MD 21046	Prof Services	1,300,698
KAUFMAN HALL ASSOC INC, 2101 Rosecrans Ave Suite 6200 EL SEGUNDO, CA 90245	CONSULTING SERVICES	754,250
BENTZ WHALEY FLESSNER ASSOCIATES, 7251 Ohms Lane MINNEAPOLIS, CA 55439	CONSULTING SERVICES	495,351
BLACKBAUD, 1919 M STREET NW SUITE 610 WASHINGTON, DC 20036	ITS/GRANT SOFTWARE	425,738

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 **▶ 22**

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	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c	4,022,211				
	d	Related organizations 1d	22,343,350				
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	104,393,395				
	g	Noncash contributions included in lines 1a-1f \$	5,473,801				
	h	Total. Add lines 1a-1f ▶	130,758,956				
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶	0				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶	18,920,981			18,920,981	
	4	Income from investment of tax-exempt bond proceeds . . ▶	0				
	5	Royalties ▶	325,428,955			325,428,955	
	6a	Gross rents	(i) Real	1,165,999			
			(ii) Personal				
			b Less rental expenses	1,478			
			c Rental income or (loss)	1,164,521	0		
	d	Net rental income or (loss) ▶	1,164,521			1,164,521	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	166,269,960	978,124		
			(ii) Other				
			b Less cost or other basis and sales expenses	161,588,970	1,044,000		
			c Gain or (loss)	4,680,990	-65,876		
	d	Net gain or (loss) ▶	4,615,115			4,615,115	
	8a	Gross income from fundraising events (not including \$ 4,022,211 of contributions reported on line 1c) See Part IV, line 18	a	505,812			
			b Less direct expenses b	229,970			
			c Net income or (loss) from fundraising events . . ▶	275,842			275,842
	9a	Gross income from gaming activities See Part IV, line 19	a				
			b Less direct expenses b				
			c Net income or (loss) from gaming activities . . . ▶	0			
	10a	Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold b							
c Net income or (loss) from sales of inventory . . ▶			0				
	Miscellaneous Revenue	Business Code					
11a	INVESTMENT INCOME FROM K-1'S	525990	-2,037,811		-2,037,811		
b	MISCELLANEOUS INCOME	900099	76,320			76,320	
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶		-1,961,491				
12	Total revenue. See Instructions ▶		479,202,879		-2,037,811	350,481,734	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	286,487,685	286,487,685		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,549,405	115,535	1,310,751	1,123,119
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	230,729		178,493	52,236
7	Other salaries and wages	16,450,006	1,323,896	6,081,984	9,044,126
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	626,388	49,768	239,682	336,938
9	Other employee benefits	1,614,470	120,048	651,223	843,199
10	Payroll taxes	1,193,745	89,037	473,985	630,723
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	753,978		569,239	184,739
c	Accounting	47,956		47,956	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	5,277,943			5,277,943
f	Investment management fees	2,630,690		2,630,690	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	7,801,401	316,422	3,499,479	3,985,500
12	Advertising and promotion	1,098,796	143	911,583	187,070
13	Office expenses	1,753,516	137,067	820,380	796,069
14	Information technology	1,279,352	20	599,719	679,613
15	Royalties	0			
16	Occupancy	541,008	89,176	121,083	330,749
17	Travel	561,580	46,805	199,447	315,328
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	428,434	20,626	127,591	280,217
20	Interest	62,164		62,164	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,551,729	105,921	686,977	758,831
23	Insurance	136,558	3,564	107,747	25,247
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	DUES AND SUBSCRIPTIONS	93,515	5,929	55,533	32,053
b	TAX & LICENSING	111,162		111,162	
c	PATENT	8,325		8,325	
d	MISCELLANEOUS	215,468	8,513	42,938	164,017
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	333,506,003	288,920,155	19,538,131	25,047,717
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	11,086,156	1,828,690	3,151,867	6,105,599

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
Assets	1 Cash—non-interest-bearing	3,208,941	1	6,560,119
	2 Savings and temporary cash investments	22,713,396	2	16,192,674
	3 Pledges and grants receivable, net	88,738,280	3	109,132,203
	4 Accounts receivable, net	7,324,355	4	9,323,481
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	486,592	5	476,704
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	295,371	7	237,974
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	451,250	9	363,147
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 21,885,233		
	b Less accumulated depreciation	10b 9,913,976	12,832,058	10c 11,971,257
	11 Investments—publicly traded securities	425,276,979	11	517,929,011
	12 Investments—other securities See Part IV, line 11	429,793,137	12	526,637,942
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	20,464,854	15	23,538,162
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,011,585,213	16	1,222,362,674	
Liabilities	17 Accounts payable and accrued expenses	4,934,300	17	5,837,679
	18 Grants payable	0	18	0
	19 Deferred revenue	7,338,693	19	5,539,049
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	17,231,596	25	25,468,571
	26 Total liabilities. Add lines 17 through 25	29,504,589	26	36,845,299
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	605,945,856	27	747,966,989
	28 Temporarily restricted net assets	220,135,210	28	282,940,562
	29 Permanently restricted net assets	155,999,558	29	154,609,824
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	982,080,624	33	1,185,517,375	
34 Total liabilities and net assets/fund balances	1,011,585,213	34	1,222,362,674	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	479,202,879
2	Total expenses (must equal Part IX, column (A), line 25)	2	333,506,003
3	Revenue less expenses Subtract line 2 from line 1	3	145,696,876
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	982,080,624
5	Net unrealized gains (losses) on investments	5	57,560,909
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	178,966
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,185,517,375

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 95-3435919

Name: City of Hope

Form 990, Part III, Line 4a

4a (Code) (Expenses \$ 286,487,685 including grants of \$ 286,487,685) (Revenue \$)

GRANTS TO SUPPORT MEDICAL RESEARCH AND HEALTH CARE ACTIVITIES OF CITY OF HOPE NATIONAL MEDICAL CENTER AND CITY OF HOPE MEDICAL FOUNDATION, AND BIOMEDICAL RESEARCH CONDUCTED AT THE BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE

Form 990, Part III, Line 4b

4b (Code) (Expenses \$ 2,432,470 including grants of \$) (Revenue \$)

A VARIETY OF SOCIAL SERVICES INCLUDING COMMUNITY OUTREACH, ADVOCACY AND HEALTH EDUCATION, HEALTH, PREVENTION, TREATMENT AND SURVIVORSHIP INFORMATION FOR PATIENTS AND FAMILIES, AND VARIOUS MEDICAL EDUCATION ACTIVITIES INCLUDING CANCER, DIABETES AND HIV/AIDS AWARENESS AND PREVENTION THAT ARE CONDUCTED AT THE MEDICAL CENTER, THE BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE, AND CITY OF HOPE MEDICAL FOUNDATION

Form 990, Part III, Line 4c

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Alexander Cappello Board Member	2 0 0 0	X						0	0	0
Anthony Scott Board Member	2 0 0 0	X						0	0	0
Eddy W Hartenstein Board Member	2 0 0 0	X						0	0	0
Harry Levitt Board Member	2 0 0 0	X						0	0	0
Jody Horowitz Marsh Board Member	2 0 0 0	X						0	0	0
Michael E Keane Board Member	3 0 2 0 0 0	X						0	0	0
Norman Payson BOARD MEMBER, CHAIRMAN	3 0 2 0	X		X				0	0	0
Rodney Freeman Board Member	2 0 0 0	X						0	0	0
Selwyn Isakow BOARD MEMBER, VICE-CHAIRMAN	3 0 0 0	X						0	0	0
Shen Biller Board Member	2 0 0 0	X						0	0	0

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			
Randolph Beatty Board Member	2 0	X						0	0	0
Malissia Clinton Board Member	2 0	X						0	0	0
GLENN STEELE MD PHD BOARD MEMBER	2 0	X						0	0	0
Bonana Fanas Assistant Treasurer	15 0			X				71,510	214,531	50,328
Gregory Schetina General Counsel/Secretary	15 0			X				203,510	610,530	150,384
William Sargeant Asst Secretary/COO	15 0			X				333,961	1,001,882	164,897
Richard Magnuson Treasurer/CFO - Outgoing	15 0			X				245,157	735,469	190,539
Robert W Stone President and CEO	18 0			X				658,425	1,536,325	344,796
Krnstin Bertell Chief Phil Off/Asst Secretary	60 0			X				888,787	0	111,444
Cornelis van den Berg Intenm CFO - Treasurer	15 0			X				77,451	232,353	9,833

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			
Alan Levey SVP Strategic Planning	60 0 0 0				X			588,082	0	49,916
Jonathan Reuter VP Facilities & Construction	6 0 54 0				X			36,228	326,048	34,245
Lisa Stockmon Chief Marketing & Comm Officer	15 0 45 0					X		152,014	456,044	67,314
Michael Friedman Ementus Cancer Ctr Director	48 0 12 0					X		572,795	143,198	42,411
Debra Fields Chief Risk Officer	15 0 45 0					X		226,726	680,176	143,723
Harlan Levine Chief Exec COH Medical Fdn	3 0 57 0					X		69,815	1,326,465	272,935
Steven Rosen Chief Scientific Officer	9 0 51 0					X		234,361	1,328,049	266,839
Paul Blodgett FORMER OFFICER	0 0 0 0						X	400,579	0	31,912
Wael Fakhry Former Officer	6 0 54 0						X	54,133	487,210	38,024
Valene Bingham Former Officer	21 0 39 0						X	100,768	187,138	46,384

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			
Stephanie Neuvirth CHIEF HR OFFICER - OUTGOING	0 0						X	100,849	302,547	21,860
PAUL CONOCENTI SVP AND CIO	15 0 45 0						X	158,271	474,811	38,646

**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
City of Hope

Employer identification number

95-3435919

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)	91,357,677	122,465,764	106,947,502	125,760,188	130,758,956	577,290,087
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	91,357,677	122,465,764	106,947,502	125,760,188	130,758,956	577,290,087
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						90,660,209
6 Public support. Subtract line 5 from line 4						486,629,878

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	91,357,677	122,465,764	106,947,502	125,760,188	130,758,956	577,290,087
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	226,844,832	256,545,967	260,231,321	304,115,165	345,514,456	1,393,251,741
9 Net income from unrelated business activities, whether or not the business is regularly carried on	265,668	549,833	119,253	345,140	275,842	1,555,736
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	247,192	197,762	379,527	494,427	76,320	1,395,228
11 Total support. Add lines 7 through 10						1,973,492,792

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	24.658%
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	26.510%

16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		
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>		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <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
1		
2		

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
1		

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
1		
2		
3		

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.*

	Yes	No
2a		
2b		
3a		
3b		

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

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

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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

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

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE A, SECTION C, LINE 17A	<p>CITY OF HOPE HAS A CALCULATED PUBLIC SUPPORT PERCENTAGE FOR TAX YEAR 2015 OF 24.66 PERCENT, WHICH IS BELOW THE 33 1/3 PERCENTAGE SPECIFIED UNDER THE PUBLIC SUPPORT TEST INCLUDED IN TOTAL SUPPORT IS REVENUE FROM ONE LICENSING ARRANGEMENT UNDER WHICH CITY OF HOPE LICENSED TO GENENTECH, INC. SUBSTANTIAL RIGHTS IN THREE PATENTS IN EXCHANGE FOR THE PAYMENT OF ROYALTIES FROM GENENTECH. THESE PATENTS ARE CO-OWNED WITH GENENTECH, AND EMERGED FROM RESEARCH DONE IN THE EARLY 1980S BY TWO CITY OF HOPE SCIENTISTS, WORKING IN COLLABORATION WITH GENENTECH SCIENTISTS, ON DEVELOPING NOVEL METHODS OF PRODUCING MONOCLONAL ANTIBODIES USING RECOMBINANT DNA TECHNOLOGY. THE ROYALTY REVENUE RECEIVED IN CONNECTION WITH THE PATENTS IS GENERATED FROM SALES OF DRUGS BY GENENTECH AS WELL AS FROM ROYALTIES AND OTHER AMOUNTS PAID BY ITS LICENSEES. THESE ROYALTY REVENUES REPRESENT APPROXIMATELY \$1,400,000,000 OVER THE FIVE FISCAL YEARS PRESENTED IN PART II, SECTION B. THE INCLUSION OF THIS AMOUNT IN THE DENOMINATOR DRIVES DOWN THE PUBLIC SUPPORT PERCENTAGE. REMOVING ROYALTY REVENUES FROM THE DENOMINATOR PROVIDES A PUBLIC SUPPORT PERCENTAGE WELL ABOVE 33 1/3 PERCENT WHILE CITY OF HOPE HAS ENJOYED ANNUAL INCREASES IN THIS REVENUE STREAM YEAR OVER YEAR, WHICH HELPS SUPPORT CITY OF HOPE'S MISSION AND PROGRAMS, THE PATENTS ARE SET TO EXPIRE IN 2018. CITY OF HOPE HAS A CONTINUOUS AND WELL DEVELOPED PROGRAM FOR SOLICITATION OF CHARITABLE CONTRIBUTIONS. THIS PROGRAM INCLUDES A NATIONWIDE NETWORK OF MORE THAN TWO DOZEN INDUSTRY GROUPS, CONSISTING OF COMPANIES AND THEIR SUPPORTERS WITHIN A COMMON INDUSTRY, AUXILIARY GROUPS, MADE UP OF INDIVIDUAL VOLUNTEERS IN CITIES ACROSS THE COUNTRY, AND OTHER PUBLIC CHARITIES THAT HOST FUNDRAISING EVENTS DIRECTLY BENEFITING CITY OF HOPE. BEYOND THESE GROUPS, AS WELL AS CORPORATE SPONSORS AND INDIVIDUAL BENEFACTORS, CITY OF HOPE ALSO HAS A WELL-DIVERSIFIED FUNDRAISING NETWORK THROUGH EMPLOYEE GIVING PROGRAMS, DIRECT MAIL CAMPAIGNS, AND SPECIAL EVENTS THAT PROMOTE CITY OF HOPE'S MISSION. CITY OF HOPE RECEIVES CONTRIBUTIONS FROM A WIDE BASE OF SUPPORTERS AS EVIDENCED IN SCHEDULE B OF THIS 990. CITY OF HOPE MAINTAINS AN ENDOWMENT FUND THAT HAS GROWN OVER THE PAST FOUR YEARS THROUGH FUNDRAISING. CITY OF HOPE IS GOVERNED BY A BOARD WITH KNOWLEDGE AND EXPERTISE IN AREAS IMPORTANT TO CITY OF HOPE'S MISSION AND OPERATIONS AND WHICH REPRESENTS THE BROADER INTERESTS OF THE GENERAL PUBLIC.</p>

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2015
Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 28.590%
b Permanent endowment 57.710%
c Temporarily restricted endowment 13.700%
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

Small table for 3a(i), 3a(ii), 3b with Yes/No columns

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Includes rows for Financial derivatives, Closely-held equity interests, Other, and ALTERNATIVE INVESTMENTS.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Includes a Total line at the bottom.

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

Table with 2 columns: (a) Description, (b) Book value. Includes a Total line at the bottom.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Includes rows for Federal income taxes, ANNUITANT OBLIGATIONS, DUE TO AFFILIATES, OTHER LIABILITIES, and a Total line.

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. [X]

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	CITY OF HOPE HAS BOARD-DESIGNATED ASSETS OR QUASI-ENDOWMENT FUNDS AND OTHER PERMANENT FUNDS THAT ARE AVAILABLE TO FUND RESEARCH, PATIENT CARE, HEALTH EDUCATION AND MEDICAL EQUIPMENT AND BUILDINGS, AS DETERMINED BY DONOR AGREEMENTS, MANAGEMENT AND THE BOARD OF DIRECTORS

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	THE FOLLOWING PARAGRAPH IS FROM THE CONSOLIDATED CITY OF HOPE AND AFFILIATES (CITY OF HOPE , CITY OF HOPE AUXILIARIES (AUXILIARIES), THE MEDICAL CENTER, THE MEDICAL FOUNDATION AND THE BECKMAN RESEARCH INSTITUTE) 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 LIABILITY 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.

Department of the Treasury
Internal Revenue Service

Name of the organization
City of Hope

Employer identification number

95-3435919

Part I General Information on Activities Outside the United States.

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of 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) Central America and the Caribbean			Investments		148,659,216
(2) East Asia and the Pacific			Fundraising		
(3) North America			Fundraising		
(4) South America			Fundraising		
(5) South Asia			Fundraising		
3a Sub-total					148,659,216
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					148,659,216

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

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

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

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>INVESTMENT ACTIVITIES OF THE CITY OF HOPE INCLUDE INVESTMENTS IN MULTIPLE VEHICLES THAT PROVIDE INVESTMENT INCOME AND RETURNS TO FURTHER THE INSTITUTION'S MISSION AND PROGRAMS. AS A RESULT, SOME INVESTMENTS ARE HELD IN OFFSHORE HEDGE FUNDS, MAINLY REGISTERED AS CAYMAN EXEMPTED CORPORATIONS. THESE INVESTMENTS HELP MITIGATE RISK IN THE PORTFOLIO AND REPRESENT APPROXIMATELY 13.8% OF CITY OF HOPE'S OVERALL CASH AND INVESTMENT PORTFOLIO. CITY OF HOPE 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 ASSETS. ALL OF THESE INVESTMENTS HAVE BEEN INCLUDED IN FORM 990, PART X, LINE 12. CITY OF HOPE DOES NOT HAVE ANY PHYSICAL PRESENCE OF EMPLOYEES OUTSIDE OF THE UNITED STATES. HOWEVER, ITS REPUTATION AS A WORLD CLASS RESEARCH AND TREATMENT FACILITY IS INTERNATIONALLY RECOGNIZED. AS A RESULT OF THIS RECOGNITION, CITY OF HOPE RECEIVES DONATIONS AND GRANTS FROM PERSONS AND CORPORATIONS OUTSIDE OF THE UNITED STATES.</p>

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2015

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ

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

Department of the Treasury
Internal Revenue Service

Name of the organization
City of Hope

Employer identification number

95-3435919

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 Phyllis Freedman	Materials Design		No		114,962	
2 Market Smart LLC	Website Content		No		224,005	
3 Chapman Cubine et al	Email/mail Solicits		No	8,130,063	4,817,634	3,312,429
4 Donor Services Group	Phone Solicits		No	80,799	98,191	-17,392
5						
6						
7						
8						
9						
10						
Total		▶		8,210,862	5,254,792	3,295,037

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

All States

Part II Fundraising Events.

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

		(a)Event #1	(b)Event #2	(c)Other events	(d)
		Walk for Hope (event type)	CRM Trust Open (event type)	38 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	986,050	701,482	2,817,856	4,505,388
	2 Less Contributions	816,000	662,482	2,527,130	4,005,612
	3 Gross income (line 1 minus line 2)	170,050	39,000	290,726	499,776
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs			189,912	189,912
	7 Food and beverages				
	8 Entertainment			11,944	11,944
	9 Other direct expenses			5,042	5,042
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				206,898
11 Net income summary Subtract line 10 from line 3, column (d) ▶				292,878	

Part III Gaming.

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

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

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

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

b If "No," explain _____
See Part IV

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

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶ 1500 EAST DUARTE ROAD
DUARTE, CA 91010

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

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B	BOTH PHYLLIS FREEDMAN AND MARKET SMART LLC PROVIDED CITY OF HOPE WITH FUNDRAISING SERVICES, INCLUDING DESIGN OF INTERNET WEBSITES AND/OR COLLATERAL MATERIALS RELATED TO PLANNED GIVING AND ESTATE PLANNING OPPORTUNITIES THERE IS NO MEANINGFUL WAY FOR CITY OF HOPE TO ATTRIBUTE GROSS RECEIPTS FROM DONOR SOURCES TO THESE ACTIVITIES DUE TO THE LONG-TIME HORIZON TYPICALLY ASSOCIATED WITH THESE GIFT GIVING VEHICLES ADDITIONALLY, INTERNET AND OTHER NEW MEDIA TECHNOLOGIES ARE DIRECTED TOWARD LARGE, HETEROGENEOUS, AND ANONYMOUS AUDIENCES THE ABILITY TO TRACK WHETHER DONATIONS WERE A RESULT OF THIS TYPE OF MARKETING OUTREACH WOULD BE UNKNOWN TO CITY OF HOPE UNLESS THE DONOR SELF-IDENTIFIED AS HAVING BEEN INFLUENCED BY THIS OUTREACH CHAPMAN CUBINE ADAMS HUSSEY, LTD (CDAH) IS A DIRECT RESPONSE FUNDRAISING CONSULTING FIRM WHICH PROVIDED CITY OF HOPE WITH PUBLIC FUNDRAISING SERVICES, INCLUDING THROUGH DIRECT MAIL, TELEMARKETING AND ONLINE COMMUNICATIONS CITY OF HOPE ALSO PAID AN ADDITIONAL \$1,702,973 TO CDAH TO COVER DIRECT MAILING AND POSTAGE EXPENSES TOTAL PAYMENT FOR SUCH SERVICES IS REPORTED IN SCHEDULE G, PART I, LINE 2B, COLUMN(V)

Schedule I (Form 990)

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

OMB No 1545-0047

2015

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization City of Hope

Employer identification number

95-3435919

Part I General Information on Grants and Assistance

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

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

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

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

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

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

Additional Data

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
City of Hope National Medical Center 1500 E Duarte Road Duarte, CA 91010	95-1683875	501(C)(3)	9,636,756				SEE PART IV
Beckman Research Institute of the COH 1450 E Duarte Road Duarte, CA 91010	95-3432210	501(C)(3)	265,850,929				SEE PART IV
City of Hope Medical Foundation 1500 East Duarte Road Duarte, CA 91010	27-4803222	501(C)(3)	11,000,000				SEE PART IV

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

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.**

2015
Open to Public Inspection

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

Name of the organization City of Hope	Employer identification number 95-3435919
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Part I Questions Regarding Compensation

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

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

For each individual whose compensation must be reported 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. MICHAEL FRIEDMAN IS PROVIDED WITH SOCIAL CLUB MEMBERSHIPS NECESSARY FOR VARIOUS BUSINESS RELATIONSHIP ACTIVITIES. DETAILED BUSINESS RECEIPTS INDICATING WHETHER SERVICES WERE FOR BUSINESS OR PERSONAL USE ARE REQUIRED, AND TO THE EXTENT THE SERVICES WERE FOR BUSINESS PURPOSES THEY ARE REIMBURSED. THE PERSONAL USE PORTION OF THE SOCIAL CLUB DUES IS INCLUDED IN SCHEDULE J, PART II, COLUMN B(III) AS OTHER REPORTABLE INCOME. SCHEDULE J, PART I, LINE 3 THE CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION IS NOT COMPENSATED BY CITY OF HOPE, 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 CHIEF EXECUTIVE OFFICER COMPENSATION. SEE NARRATIVE IN SCHEDULE O, PART VI, LINE 15A. SCHEDULE J, PART I, LINE 4B CITY OF HOPE HAS A NON-QUALIFIED SECTION 457(F) DEFERRED COMPENSATION EXECUTIVE SUPPLEMENTAL ACCUMULATION PLAN THAT IS DESIGNED AND MAINTAINED FOR A SELECT GROUP OF MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES. THE PLAN VESTS AFTER THREE (3) FISCAL YEARS OF SERVICE AND THE VESTED TOTALS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN B(III) PRIOR TO VESTING, THE ANNUAL AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN C. PURSUANT TO THE PLAN DOCUMENT, PARTICIPANTS, ONCE VESTED, ARE ENTITLED TO WITHDRAW FROM THEIR 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 THE CALENDAR YEAR ENDING DECEMBER 31, 2015, THE FOLLOWING INDIVIDUALS WITHDREW THE REFERENCED AMOUNTS TO COVER SUCH TAXES: VALERIE BINGHAM \$ 1,754 PAUL BLODGETT \$16,432 PAUL CONOCENTI \$47,153 WAEL FAKHRY \$31,603 DEBRA FIELDS \$ 5,602 ALAN LEVEY \$ 3,569 STEPHANIE NEUVIRTH \$14,319 WILLIAM SARGEANT \$14,603 GREGORY SCHEITNA \$ 5,380 ROBERT STONE \$28,858 THESE AMOUNTS HAVE BEEN INCLUDED IN THE PARTICIPANT'S INCOME ON SCHEDULE J, PART II, COLUMN B(III). PAUL BLODGETT, 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 \$130,401, \$61,484, AND \$137,759 RESPECTIVELY, WHICH HAS BEEN REPORTED AS TAXABLE COMPENSATION IN EITHER THE CURRENT YEAR OR IN A PRIOR YEAR 990 IN SCHEDULE J, PART II, COLUMN B(III). SCHEDULE J, PART I, LINE 7 The City of Hopes 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 City of Hope 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 City of Hope 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. PARTICIPANTS IN THE PLAN WHO WERE EMPLOYED AS OF SEPTEMBER 30, 2015 RECEIVED PAY OUT OF PLAN CYCLE 1 LTI INCENTIVES (OCTOBER 1, 2012 THROUGH SEPTEMBER 30, 2015) IN DECEMBER 2015. THESE AMOUNTS HAVE BEEN REFLECTED IN SCHEDULE J PART II, COLUMN B(II). 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>

Additional Data

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

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

(A) Name 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 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	14,288	506,529	0
1 Paul Blodgett FORMER OFFICER	(i)	245,417	25,000	130,162	19,972	11,940	432,491	0
	(ii)	0	0	0	0	0	0	0
2 Alan Levey SVP Strategic Planning	(i)	378,099	94,820	115,163	21,760	28,156	637,998	0
	(ii)	0	0	0	0	0	0	0
3 Bonana Fanas Assistant Treasurer	(i)	57,695	13,549	266	6,001	6,581	84,092	0
	(ii)	173,086	40,647	798	18,005	19,741	252,277	0
4 Gregory Schetna General Counsel/Secretary	(i)	104,532	84,671	14,307	29,312	8,284	241,106	22,444
	(ii)	313,597	254,013	42,920	87,935	24,853	723,318	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	14,603	1,125,555	199,206
6 Michael Fnedman Ementus Cancer Ctr Director	(i)	201,420	110,433	260,942	16,898	17,030	606,723	0
	(ii)	50,355	27,608	65,235	4,225	4,258	151,681	0
7 Richard Magnuson Treasurer/CFO - Outgoing	(i)	141,137	102,616	1,404	44,029	3,606	292,792	28,863
	(ii)	423,413	307,847	4,209	132,086	10,818	878,373	86,588
8 Robert W Stone President and CEO	(i)	287,624	319,432	51,369	92,534	10,905	761,864	77,314
	(ii)	671,124	745,341	119,860	215,911	25,446	1,777,682	180,400
9 Wael Fakhry Former Officer	(i)	38,857	3,197	12,079	823	2,979	57,935	6,086
	(ii)	349,712	28,788	108,710	7,407	26,815	521,432	54,774
10 Debra Fields Chief Risk Officer	(i)	97,192	121,316	8,218	27,845	8,085	262,656	20,884
	(ii)	291,576	363,947	24,653	83,535	24,258	787,969	62,653
11 Harlan Levine Chief Exec COH Medical Fdn	(i)	39,533	29,835	447	12,235	1,412	83,462	8,063
	(ii)	751,122	566,859	8,484	232,469	26,819	1,585,753	153,200
12 Steven Rosen Chief Scientific Officer	(i)	119,163	100,072	15,126	35,791	4,235	274,387	0
	(ii)	675,258	567,078	85,713	202,817	23,996	1,554,862	0
13 Valene Bingham Former Officer	(i)	82,976	15,233	2,559	6,851	9,384	117,003	0
	(ii)	154,097	28,289	4,752	12,722	17,427	217,287	0
14 Knstin Bertell Chief Phil Off/Asst Secretary	(i)	323,185	410,000	155,602	76,667	34,777	1,000,231	0
	(ii)	0	0	0	0	0	0	0
15 Comelis van den Berg Interim CFO - Treasurer	(i)	46,695	30,434	322	0	2,459	79,910	0
	(ii)	140,083	91,302	968	0	7,374	239,727	0
16 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	10,571	318,942	0
17 Jonathan Reuter VP Facilities & Construction	(i)	28,745	7,233	250	823	2,600	39,651	0
	(ii)	258,702	65,099	2,247	7,407	23,415	356,870	0
18 PAUL CONOCENTI SVP AND CIO	(i)	104,715	15,625	37,931	2,058	7,604	167,933	167,932
	(ii)	314,144	46,875	113,792	6,173	22,811	503,795	503,795

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.

OMB No 1545-0047

2015

Open to Public Inspection

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

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
STEVEN (1) ROSEN	5 High Pay	MTG SUBSIDY		X	500,000	476,704		No	Yes		Yes	
Total						▶ \$	476,704					

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

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART II	STEVEN ROSEN M D WAS PROVIDED WITH A MORTGAGE ASSISTANCE LOAN AS PART OF HIS RECRUITMENT BY THE CITY OF HOPE THE LOAN BEARS INTEREST AT 3.63 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 APRIL 11, 2021 OR THE TERMINATION OF DR ROSEN'S EMPLOYMENT DR ROSEN MAKES MONTHLY PRINCIPAL AND INTEREST PAYMENTS ON THE LOAN THROUGH A PAYROLL DEDUCTION AND IS CURRENT WITH ALL PAYMENTS

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

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

▶ **Attach to Form 990.**

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

Name of the organization
City of Hope

Employer identification number
95-3435919

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	79	3,174,874	Market Value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential	X	1	530,000	Appraisal
16 Real estate—Commercial				
17 Real estate—Other	X	2	1,768,927	Appraisal
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

Part II Supplemental Information.

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

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN B	LINE 9-SECURITIES, LINE 15-REAL ESTATE RESIDENTIAL AND LINE 17-VACANT RESIDENTIAL PARCEL ARE ALL REPORTED AS ITEMS CONTRIBUTED
SCHEDULE M, PART I, LINE 32B	CITY OF HOPE USES THIRD PARTY REAL ESTATE BROKERS AND AGENTS TO ASSIST IN THE SALE OF DONATED REAL ESTATE THIRD PARTY ACTIVITIES ARE MONITORED CLOSELY THROUGH CITY OF HOPE CORPORATE REAL ESTATE STAFF SELECTION OF THIRD PARTIES IS DONE THROUGH INTERVIEWS OF SEVERAL QUALIFIED INDIVIDUALS OR FIRMS AND SELECTIONS ARE BASED ON QUALIFICATIONS SUCH AS SKILL, KNOWLEDGE, EXPERIENCE, EDUCATION, LICENSURE, CERTIFICATIONS, ETC BACKGROUND AND REFERENCE CHECKS ARE CONDUCTED ON THE SELECTED THIRD PARTY ADDITIONALLY, SELECTION IS BASED ON COST AND WE REQUEST THIRD PARTIES TO DISCOUNT STANDARD COMMISSIONS, FEES AND COSTS ASSOCIATED WITH THE SERVICES THEY PROVIDE

**SCHEDULE 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.**2015****Open to Public
Inspection**Name of the organization
City of Hope

Employer identification number

95-3435919

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1 - CONTINUATION	CITY OF HOPE, AN INNOVATIVE BIOMEDICAL RESEARCH, TREATMENT AND EDUCATIONAL INSTITUTION, ACCOMPLISHES THIS DIRECTLY OR INDIRECTLY THROUGH ONE OR MORE SUBSIDIARIES OR AFFILIATES THAT WERE FORMED TO RAISE FUNDS IN SUPPORT OF OUTSTANDING PATIENT CARE, CONDUCT OF INNOVATIVE RESEARCH AND THE OFFERING OF VITAL EDUCATION PROGRAMS FOCUSED ON RAISING AWARENESS AND ELIMINATING DISEASES CITY OF HOPE COLLECTIVELY REFERS TO CITY OF HOPE, CITY OF HOPE AUXILIARY NETWORK, CITY OF HOPE NATIONAL MEDICAL CENTER, CITY OF HOPE MEDICAL FOUNDATION, AND BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE FOUNDED IN 1913, CITY OF HOPE HAS BEEN DESIGNATED BY THE NATIONAL CANCER INSTITUTE AS A COMPREHENSIVE CANCER CENTER OUR ROLE AS LEADERS IN PATIENT CARE, BASIC AND CLINICAL RESEARCH, AND THE TRANSLATION OF SCIENCE INTO TANGIBLE BENEFIT IS WIDELY ACKNOWLEDGED OUR COMMUNITY INCLUDES RESEARCH ASSOCIATES, SCIENTISTS, DOCTORS, NURSES, ALLIED HEALTH PROFESSIONALS, GRADUATE STUDENTS, FUNDRAISING SPECIALISTS, MARKETING PROFESSIONALS, VOLUNTEERS AND EXTENSIVE OTHER SUPPORT STAFF WE ARE UNITED BY OUR DESIRE TO FIND CURES, SAVE LIVES AND TRANSFORM THE FUTURE OF HEALTH EVERY DISCOVERY WE MAKE AND EVERY NEW TREATMENT WE CREATE GIVES PEOPLE THE CHANCE TO LIVE LONGER, BETTER AND MORE FULLY CITY OF HOPE CONTINUES TO BE A PIONEER OF PATIENT-CENTERED CARE AND REMAINS COMMITTED TO ITS TRADITION OF EXCEPTIONAL CARE FOR PATIENTS, FAMILIES AND COMMUNITIES AND IS SUPPORTED BY A NATIONAL FOUNDATION OF PHILANTHROPY

990 Schedule O, Supplemental Information

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

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 BOARD IN FULFILLING ITS RESPONSIBILITIES REGARDING THE FINANCIAL, ACCOUNTING, AND CORPORATE COMPLIANCE MATTERS OF CITY OF HOPE. ADDITIONALLY, THE PREPARATION OF THE FORM 990 IS DONE INTERNALLY AND IS REVIEWED WITH INTERNAL LEADERSHIP, EXTERNAL PARTICIPANTS, INCLUDING EY, WHICH IS THE PREPARER, AND RETAINED TAX COUNSEL. PRIOR TO FILING, THE CITY OF HOPE FORM 990 IS MADE AVAILABLE TO VOTING MEMBERS OF THE CITY OF HOPE BOARD. CITY OF HOPE (95-3435919) IS THE SOLE CORPORATE MEMBER OF THE MEDICAL CENTER, THE MEDICAL FOUNDATION AND BECKMAN RESEARCH INSTITUTE. FORM 990, PART VI, SECTION B, LINE 12C ALL EMPLOYEES OF CITY OF HOPE AND AFFILIATES, ITS BOARD OF DIRECTORS, BOARD COMMITTEE MEMBERS AND RESEARCH TEAM MEMBERS ARE COVERED BY CITY OF HOPE'S APPLICABLE CONFLICT OF INTEREST POLICIES. DETERMINATIONS AS TO WHETHER A CONFLICT OF INTEREST EXISTS AND REVIEW OF CONFLICT DISCLOSURES ARE MADE BY THE GENERAL COUNSEL AND CHIEF COMPLIANCE OFFICER AND, AS APPLICABLE, THE CHAIR OF THE 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 REQUIRED DISCLOSURES AND UPDATES BY PERSONS COVERED BY THE ORGANIZATION'S CONFLICT OF INTEREST POLICIES AND A CONCURRENT REVIEW OF SUCH DISCLOSURES AGAINST TRANSACTIONS. CITY OF HOPE'S POLICY PROVIDES FOR DISCIPLINARY ACTION AGAINST PERSONS COVERED BY THE CONFLICT OF INTEREST POLICIES WHO DO NOT COMPLY WITH POLICY REQUIREMENTS. SCHEDULE O, 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 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, 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 cas</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	<p>h 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

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	CITY OF HOPE'S ARTICLES OF INCORPORATION ARE AVAILABLE TO THE PUBLIC FROM THE SECRETARY OF STATE. 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. CITY OF HOPE'S BYLAWS ARE NOT MADE AVAILABLE TO THE PUBLIC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, COLUMN (B)	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 AND VARIOUS COMMITTEES OF THE BOARD OF DIRECTORS THE BOARD OF DIRECTORS HELD FIVE REGULARLY SCHEDULED MEETINGS DURING 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 PAY MASTER," AS 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 PAY MASTER" THE MEDICAL CENTER ISSUES EACH OF THESE EMPLOYEES A SINGLE, COMBINED PAY CHECK AND ONE FORM W-2

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGES IN ACTUARIAL ASSUMPTIONS FOR SPLIT INT AGREEMENTS \$178,966

**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.

Department of the Treasury
Internal Revenue Service

Name of the organization
City of Hope

Employer identification number

95-3435919

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" 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
(1) CITY OF HOPE NATIONAL MEDICAL CENTER 1500 EAST DUARTE ROAD DUARTE, CA 91010 95-1683875	HOSPITAL	CA	501(C)(3)	3	City of Hope	Yes	
(2) BECKMAN RESEARCH INSTITUTE 1450 EAST DUARTE ROAD DUARTE, CA 91010 95-3432210	RESEARCH	CA	501(C)(3)	4	City of Hope	Yes	
(3) CITY OF HOPE MEDICAL FOUNDATION 1500 E Duarte Road Duarte, CA 91010 27-4803222	Healthcare	CA	501(C)(3)	3	City of Hope	Yes	

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" 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
CHARITABLE REMAINDER (1) TRUSTS (15) 1500 East Duarte Road Duarte, CA 91010	Support	CA	COH	Trust					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
1a		No
1b	Yes	
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l		No
1m	Yes	
1n		No
1o	Yes	
1p	Yes	
1q	Yes	
1r		No
1s		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
See Additional Data Table			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

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

Additional Data

Software ID:
Software Version:
EIN: 95-3435919
Name: 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	B	9,636,756	FMV
(1)	BECKMAN RESEARCH INSTITUTE OF CITY OF HOPE	B	265,850,929	FMV
(2)	FASHION AND RETAIL GROUP #70031	C	665,411	FMV
(3)	Home FurnishConsumer Electronics Ind #70715	C	1,809,720	FMV
(4)	National Professional Salon Industry #70835	C	372,375	FMV
(5)	Music and Entertainment Industry #71050	C	3,476,495	FMV
(6)	Food Industries Circle Chapter #71081	C	2,673,730	FMV
(7)	Construction Industries Alliance Ch #71082	C	915,582	FMV
(8)	HardwareHome Improvement Ind Council #71183	C	2,761,342	FMV
(9)	No CA Food & Drugs Inds Circle #71203	C	814,194	FMV
(10)	California Insurance Council #71215	C	448,441	FMV
(11)	Construction and RE Industry Council #71225	C	523,404	FMV
(12)	National Office Products Council #71362	c	2,605,321	FMV
(13)	No Cal RE & Constr Bus Alliance #71439	C	954,362	FMV
(14)	Pacific NW Food Industries Circle #71481	C	517,229	FMV
(15)	LA Real EstateConstruction Council #71487	C	2,215,594	FMV
(16)	Southwest Food Industries Circle #71562	C	332,624	FMV
(17)	Desert Communities Women's Council #71601	C	81,107	FMV
(18)	Gems of the Desert Chapter #71631	C	79,862	FMV
(19)	Beckman Research Institute of City of Hope	P	309,135	FMV
(20)	City of Hope National Medical Center	Q	1,865,523	FMV
(21)	City of Hope National Medical Center	P	2,890,343	FMV
(22)	Beckman Research Institute of City of Hope	Q	322,081	FMV
(23)	City of Hope National Medical Center	O	4,977,975	FMV
(24)	CITY OF HOPE MEDICAL FOUNDATION	J	675,000	FMV

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
(26) CITY OF HOPE NATIONAL MEDICAL CENTER	M	5,658,603	FMV
(1) Beckman Research Institute of City of Hope	O	82,408	FMV
(2) CITY OF HOPE MEDICAL FOUNDATION	B	11,000,000	FMV
(3) EAST ENDJEANE KAYE LEAGUE #70732	C	196,610	FMV
(4) GREATER CHICAGO PACKAGING COUNCIL #71376	C	132,187	FMV
(5) OCEAN HILLS CHAPTER #71527	C	68,462	FMV
(6) AILENE SCOTTARTISTS FOR HOPE #71619	C	51,927	FMV