See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135076505

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 By law, the IRS generally cannot redact the information on the form

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

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CEDARS-SINAI MEDICAL CENTER

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 8700 BEVERLY BOULEVARD

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
LOS ANGELES, CA 90048

D Employer identification number
95-1644600

E Telephone number
(310)423-3277

G Gross receipts $ 3,370,672,766

F Name and address of principal officer
THOMAS M PRISELAC
8700 BEVERLY BLVD
LA,CA 90048

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW CEDARS-SINAI EDU

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1902

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
CSMC IS AN ACUTE-CARE, TEACHING AND RESEARCH HOSPITAL PROVIDING THE HIGHEST-QUALITY HEALTHCARE

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	37
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	27
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	12,686
6	Total number of volunteers (estimate if necessary)	**6**	2,988
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	18,175,169
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-1,564,282

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	129,548,599	100,269,920
9	Program service revenue (Part VIII, line 2g)	2,615,287,434	2,645,549,575
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,939,141	51,646,021
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,758,366	31,196,089
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,793,533,540	2,828,661,605
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	35,367,915	55,302,581
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)	1,321,189,483	1,380,983,348
16a	Professional fundraising fees (Part IX, column (A), line 11e)	36,545	62,205
b	Total fundraising expenses (Part IX, column (D), line 25) ▶13,987,482		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,035,300,155	1,072,628,820
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,391,894,098	2,508,976,954
19	Revenue less expenses Subtract line 18 from line 12	401,639,442	319,684,651

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	4,282,386,034	4,732,365,419
21	Total liabilities (Part X, line 26)	1,687,442,323	1,712,934,579
22	Net assets or fund balances Subtract line 21 from line 20	2,594,943,711	3,019,430,840

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 — 2015-05-15 Date

▶ EDWARD PRUNCHUNAS SENIOR VP/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name KARA ADAMS	Preparer's signature	Date	Check ☐ if self-employed; PTIN P00023315
Firm's name ▶ ERNST & YOUNG US LLP			Firm's EIN ▶ 34-6565596
Firm's address ▶ 18111 VON KARMAN AVENUE SUITE 1000 IRVINE, CA 92612			Phone no (949) 794-2300

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

CEDARS-SINAI HEALTH SYSTEM, A NON-PROFIT, INDEPENDENT HEALTH CARE ORGANIZATION IS COMMITTED TO (SEE SCHEDULE O FOR CONTINUATION)(CONTINUED)- LEADERSHIP AND EXCELLENCE IN DELIVERING QUALITY HEALTHCARE SERVICES- EXPANDING THE HORIZONS OF MEDICAL KNOWLEDGE THROUGH BIOMEDICAL RESEARCH- EDUCATING AND TRAINING PHYSICIANS AND OTHER HEALTHCARE PROFESSIONALS- STRIVING TO IMPROVE THE HEALTH STATUS OF OUR COMMUNITY QUALITY PATIENT CARE IS OUR PRIORITY PROVIDING EXCELLENT CLINICAL AND SERVICE QUALITY, OFFERING COMPASSIONATE CARE, AND SUPPORTING RESEARCH AND MEDICAL EDUCATION ARE ESSENTIAL TO OUR MISSION THIS MISSION IS FOUNDED IN THE ETHICAL AND CULTURAL PRECEPTS OF THE JUDAIC TRADITION, WHICH INSPIRES DEVOTION TO THE ART AND SCIENCE OF HEALING, AND TO THE CARE WE GIVE TO OUR PATIENTS AND STAFF

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 $ 1,817,813,145 including grants of $ 54,751,881) (Revenue $ 2,487,029,367)

CLINICAL CARE A NON-PROFIT INSTITUTION FOUNDED BY THE COMMUNITY IN 1902, CEDARS-SINAI PROVIDES A WIDE SPECTRUM OF MEDICAL SERVICES, AND IS ONE OF THE LEADING SPECIALTY REFERRAL CENTERS FOR THE REGION FROM ONGOING PRIMARY CARE TO HIGHLY SPECIALIZED SUBSPECIALTY CARE, PATIENTS COME TO CEDARS-SINAI FROM LOCAL COMMUNITIES AS WELL AS FROM THROUGHOUT CALIFORNIA, THE NATION AND THE WORLD (SEE SCHEDULE O FOR CONTINUATION)(CONTINUED)IN FISCAL YEAR 2014, CEDARS-SINAI HAD 234,271 INPATIENT DAYS (APPROXIMATELY 642 PER DAY), AND 662,055 OUTPATIENT VISITS (APPROXIMATELY 1,814 PER DAY) THERE WERE 45,344 INPATIENT ADMISSIONS, AND 85,082 EMERGENCY ROOM VISITS CEDARS-SINAI'S EMERGENCY DEPARTMENT SERVES THE ENTIRE REGION AS ONE OF ONLY FOUR REMAINING LEVEL I TRAUMA CENTERS IN LOS ANGELES COUNTY (AND THE ONLY ONE NOT OPERATED BY THE GOVERNMENT), WITH STAFFING AND TECHNOLOGY TO TREAT THE MOST SEVERELY INJURED ACCIDENT AND NATURAL DISASTER VICTIMS IN FISCAL YEAR 2014, CEDARS-SINAI'S TOTAL COST OF CLINICAL CARE WAS $1,817,813,145AS ONE OF THE LARGEST ACADEMIC MEDICAL CENTERS IN THE WESTERN UNITED STATES, CEDARS-SINAI PROVIDES MANY HIGHLY SPECIALIZED SERVICES THAT ARE NOT AVAILABLE AT MOST OTHER HOSPITALS, AND WHICH REQUIRE A SIGNIFICANT INFRASTRUCTURE OF TECHNOLOGY AND EXPERT STAFFING FOR EXAMPLE, IN 2013, CEDARS-SINAI PERFORMED MORE HEART TRANSPLANTS THAN ANY OTHER HOSPITAL IN THE WORLD, 119 PATIENTS WITH ADVANCED HEART DISEASE COME TO CEDARS-SINAI BECAUSE OF THE EXPERTISE OF ITS CARDIOLOGISTS AND CARDIAC SURGEONS, AND BECAUSE CEDARS-SINAI HAS THE INFRASTRUCTURE TO OFFER HEART TRANSPLANTS AS WELL AS NEWER TECHNOLOGIES SUCH AS THE TOTAL ARTIFICIAL HEART AND OTHER COMPLEX DEVICES TO TREAT ADVANCED HEART DISEASE CEDARS-SINAI'S SERVICES FOR CANCER PATIENTS ARE SIMILARLY BROAD IN SCOPE AND SIZE FOR THE PAST SEVERAL YEARS, WE HAVE CARED FOR MORE INPATIENTS WITH CANCER (MEDICAL AND SURGICAL CASES) THAN ANY OTHER HOSPITAL IN LOS ANGELES COUNTY IN FISCAL YEAR 2014, CEDARS-SINAI TREATED 10,970 CANCER INPATIENTS

4b (Code) (Expenses $ 145,995,796 including grants of $ 227,200) (Revenue $ 81,673,704)

RESEARCH CEDARS-SINAI SCIENTISTS AND PHYSICIAN-RESEARCHERS ARE CURRENTLY CONDUCTING MORE THAN 1,200 STUDIES TO DISCOVER AND ADVANCE NEW TREATMENTS TO BENEFIT PATIENTS SUFFERING FROM HEART DISEASE, BRAIN DISORDERS, CANCER AND INNUMERABLE OTHER CONDITIONS CEDARS-SINAI IS ALSO PIONEERING RESEARCH THAT IMPROVES THE QUALITY AND EFFICIENCY OF HEALTHCARE DELIVERY (SEE SCHEDULE O FOR CONTINUATION)(CONTINUED) WHILE SOME OF THESE RESEARCH PROJECTS ARE FUNDED IN PART OR IN WHOLE BY FUNDS FROM THE NATIONAL INSTITUTES OF HEALTH OR OTHER GOVERNMENT AGENCIES, MANY ARE FUNDED BY CEDARS-SINAI, ESPECIALLY SEED GRANTS TO SUPPORT INNOVATIVE NEW RESEARCH IN FISCAL YEAR 2014, CEDARS-SINAI'S PROVIDED $64,322,092 TOWARD RESEARCH PROJECTS, WHILE NIH AND OTHER GRANTS PROVIDED $81,673,704 AMONG THE SPECIFIC RESEARCH PROJECTS AT CEDARS-SINAI IN FISCAL YEAR 2014 THE DEVELOPMENT OF SPECIALIZED STEM CELLS FROM A PATIENT'S OWN BODY TO POTENTIALLY HEAL HEART MUSCLE DAMAGED BY A HEART ATTACK, A STUDY OF BIOMARKERS THAT COULD HELP PHYSICIANS DEVELOP INDIVIDUALIZED TREATMENTS TO TARGET EACH SPECIFIC PATIENT'S PROSTATE CANCER, AND A LABORATORY STUDY THAT USED SKIN SCRAPINGS FROM PATIENTS WITH AMYOTROPHIC LATERAL SCLEROSIS (ALS) TO CREATE NEURONS, INTO WHICH MOLECULES WERE INSERTED THAT COULD BLOCK THE DAMAGING EFFECTS OF THE GENE THAT CAUSES THE DISEASE

4c (Code) (Expenses $ 222,607,232 including grants of $ 323,500) (Revenue $ 76,846,504)

TRAINING FOR PHYSICIANS AND OTHER HEALTH PROFESSIONALS WITH SEVERE PROJECTED SHORTAGES OF PHYSICIANS, NURSES AND OTHER HEALTH PROFESSIONALS FACING THE NATION, CEDARS-SINAI'S TRAINING AND EDUCATION PROGRAMS HAVE BECOME MORE IMPORTANT TO THE HEALTH OF THE NATION THAN EVER BEFORE IN FISCAL YEAR 2014, CEDARS-SINAI'S NET COST OF PROVIDING THESE TRAINING PROGRAMS WAS $145,760,728 (SEE SCHEDULE O FOR CONTINUATION)(CONTINUED)APPROXIMATELY 500 MEDICAL RESIDENTS AND FELLOWS WERE TRAINED IN 86 SPECIALTY AND SUBSPECIALTY AREAS AT CEDARS-SINAI IN FISCAL YEAR 2014 FORM 990, PART V, LINE 7H FORM 1098-C WAS NOT REQUIRED TO BE FILED

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 2,186,416,173

Part IV Checklist of Required Schedules

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

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 government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	2,024		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	12,686		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		No
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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	**1a**	37		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	27		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		**5**		No
6	Did the organization have members or stockholders?		**6**		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?		**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		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?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
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?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CA , AL , AK , CO , DC , FL , GA , IL , KY , MD , MA , MI , MN , MS , NV , NH , NJ , NM , NY , NC , ND , OH , OK , OR , SC , TN , UT , WA , 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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ EDWARD PRUNCHUNAS 8700 BEVERLY BLVD
LOS ANGELES, CA 90048 (310) 423-3277

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			

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			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								23,226,222	0	2,904,150

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 ▶ 3,061

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	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? *If "Yes," complete Schedule J for such person*	**5**		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
CROSS COUNTRY STAFFING 6551 PARK OF COMMERCE BLVD BOCA RATON FL 33487	STAFFING SERVICES	18,149,084
ENCORE HEALTH RESOURCES INC PO BOX 3109 24350 HOUSTON TX 77056	EIS CONSULTING SERVICE	16,321,718
COMMUNITY URGENT CARE MEDICAL GROUP 9440 SANTA MONICA BLVD BEVERLY HILLS CA 90210	URGENT CARE MEDICAL SERVICES	14,937,830
PACIFIC NATIONAL GROUP 2392 SOUTH BATEMAN AVE IRWINDALE CA 91010	CONSTRUCTION SERVICES	9,352,933
DVA RENAL HEALTHCARE INC PO BOX 402946 ATLANTA GA 30384	HEALTH SERVICES	8,433,109

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 ▶ 329

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	3,913,445			
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	39,848,825			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	56,507,650			
	g	Noncash contributions included in lines 1a-1f $		3,253,677			
	h	**Total.** Add lines 1a-1f . . . . . ▶		100,269,920			
Program Service Revenue			Business Code				
	2a	NET PATIENT REVENUE	622110	2,081,070,553	2,081,070,553		
	b	MEDICARE & MEDICAL	622110	557,753,986	557,753,986		
	c	PARKING REVENUE	531310	6,725,036			6,725,036
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		2,645,549,575			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		46,406,986			46,406,986
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶		13,504,668			13,504,668
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	545,773,051				
	b	Less cost or other basis and sales expenses	540,534,016				
	c	Gain or (loss)	5,239,035				
	d	Net gain or (loss) . . . . . ▶		5,239,035			5,239,035
Other Revenue	8a	Gross income from fundraising events (not including $ 3,913,445 of contributions reported on line 1c) See Part IV, line 18 . . a	906,172				
	b	Less direct expenses . . . b	1,477,145				
	c	Net income or (loss) from fundraising events . . ▶		-570,973			-570,973
	9a	Gross income from gaming activities See Part IV, line 19 . . . a	87,225				
	b	Less direct expenses . . . b	0				
	c	Net income or (loss) from gaming activities . . ▶		87,225			87,225
	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 . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	LABORATORY REVENUE	621511	17,737,201		17,737,201	
	b	LACTATION CENTER - REV	900099	275,503		275,503	
	c	UNRELATED DEBT FIN INC	531120	234,850		234,850	
	d	All other revenue		-72,385		-72,385	
	e	**Total.** Add lines 11a–11d . . . . . ▶		18,175,169			
	12	**Total revenue.** See Instructions . . . . . ▶		2,828,661,605	2,638,824,539	18,175,169	71,391,977

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 governments and organizations in the United States See Part IV, line 21	55,239,581	55,239,581		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	63,000	63,000		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	16,097,244	10,783,901	5,313,343	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,207,539	1,785,468	422,071	
7 Other salaries and wages	1,036,417,670	920,237,099	109,345,642	6,834,929
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	91,009,828	76,268,374	14,204,622	536,832
9 Other employee benefits	167,257,462	156,944,302	9,029,431	1,283,729
10 Payroll taxes	67,993,605	56,846,534	10,633,579	513,492
11 Fees for services (non-employees)				
a Management	14,913,409	14,913,409		
b Legal	8,003,294	62,478	7,940,816	
c Accounting	1,006,006		1,006,006	
d Lobbying	2,051,173	2,051,173		
e Professional fundraising services See Part IV, line 17	62,205			62,205
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	211,442,598	175,411,988	32,877,967	3,152,643
12 Advertising and promotion	11,709,256	455,946	11,070,385	182,925
13 Office expenses	42,234,366	37,523,085	4,416,776	294,505
14 Information technology	76,709,875	46,091,727	30,618,148	
15 Royalties . .	5,867,841	5,867,841		
16 Occupancy	47,297,591	34,168,252	12,733,990	395,349
17 Travel	7,456,792	5,730,133	1,544,703	181,956
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,768,986	2,143,951	521,849	103,186
20 Interest	44,066,838	37,147,073	6,919,765	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	149,686,199	127,152,177	22,534,022	
23 Insurance	30,336,208	25,572,961	4,763,247	
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 MEDICAL SUPPLIES	334,909,677	334,909,677		
b MISCELLANEOUS	50,973,917	31,712,958	18,957,446	303,513
c MEDI-CAL PROGRAM FEE	23,241,783	23,241,783		
d DUES & SUBSCRIPTIONS	4,540,397	2,288,320	2,128,081	123,996
e All other expenses	3,412,614	1,802,982	1,591,410	18,222
25 **Total functional expenses.** Add lines 1 through 24e	2,508,976,954	2,186,416,173	308,573,299	13,987,482
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		75,023,084	1	61,839,020
	2	Savings and temporary cash investments		51,773,479	2	0
	3	Pledges and grants receivable, net		139,177,496	3	143,797,081
	4	Accounts receivable, net		460,321,974	4	468,320,578
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		3,980,530	5	3,938,616
	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		335,552	6	343,746
	7	Notes and loans receivable, net		17,101,120	7	15,359,602
	8	Inventories for sale or use		26,992,857	8	29,770,423
	9	Prepaid expenses and deferred charges		17,707,756	9	21,145,174
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,806,951,259			
	b	Less accumulated depreciation	10b 1,051,116,659	1,734,907,528	10c	1,755,834,600
	11	Investments—publicly traded securities		1,058,330,967	11	1,454,366,659
	12	Investments—other securities See Part IV, line 11		552,228,000	12	616,832,000
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		64,847,099	14	64,847,099
	15	Other assets See Part IV, line 11		79,658,592	15	95,970,821
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		4,282,386,034	16	4,732,365,419
Liabilities	17	Accounts payable and accrued expenses		421,628,391	17	462,699,763
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		1,123,697,408	20	1,075,829,696
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	14,000,000
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		142,116,524	25	160,405,120
	26	**Total liabilities.** Add lines 17 through 25		1,687,442,323	26	1,712,934,579
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,066,866,952	27	2,472,070,467
	28	Temporarily restricted net assets		276,944,662	28	279,586,522
	29	Permanently restricted net assets		251,132,097	29	267,773,851
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		2,594,943,711	33	3,019,430,840
	34	Total liabilities and net assets/fund balances		4,282,386,034	34	4,732,365,419

Part XI Reconcilliation 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	2,828,661,605
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,508,976,954
3	Revenue less expenses Subtract line 2 from line 1	3	319,684,651
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,594,943,711
5	Net unrealized gains (losses) on investments	5	120,630,557
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	-15,828,079
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,019,430,840

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 ☐ Cash ☑ Accrual ☐ 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?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 95-1644600
Name: CEDARS-SINAI MEDICAL CENTER

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			
THOMAS M PRISELAC PRESIDENT/CEO	70 00 5 00	X		X				3,748,266	0	887,916
VERA GUERIN CHAIRMAN/FORMER VICE CHAIRMAN	20 00 1 00	X						0	0	0
MARC H RAPAPORT VICE CHAIRMAN/FORMER SECRETARY	15 00 1 00	X		X				0	0	0
SUE NEUMAN HOCHBERG SECRETARY	10 00 0 00	X		X				0	0	0
MICHAEL ALEXANDER MD BOARD MEMBER/STAFF PHYS	60 00 0 00	X						865,287	0	70,463
ROBERT K BARTH BOARD MEMBER	5 00 0 00	X						0	0	0
JOHN BENDHEIM BOARD MEMBER	5 00 1 00	X						0	0	0
STEVEN D BROIDY BOARD MEMBER	5 00 0 00	X						0	0	0
ILANA CASS MD BOARD MEMBER/STAFF PHYS	60 00 0 00	X						460,313	0	67,401
DALE COCHRAN BOARD MEMBER	5 00 0 00	X						0	0	0
JOHN COLEMAN BOARD MEMBER	5 00 0 00	X						0	0	0
ROBERT DAVIDSON BOARD MEMBER	5 00 0 00	X						0	0	0
RUTH DUNN BOARD MEMBER	5 00 0 00	X						0	0	0
DEBORAH FREUND PHD BOARD MEMBER	5 00 0 00	X						0	0	0
STEVEN GALEN MD BOARD MEMBER/FORMER CHIEF OF STAFF	30 00 0 00	X						120,000	0	0
MARK S GREENFIELD BOARD MEMBER	5 00 0 00	X						0	0	0
ANDY HEYWARD BOARD MEMBER	5 00 0 00	X						0	0	0
STEVEN M HITTER BOARD MEMBER	5 00 0 00	X						0	0	0
DAVID B KAPLAN BOARD MEMBER	5 00 0 00	X						0	0	0
SHEILA KAR MD BOARD MEMBER	5 00 0 00	X						0	0	0
SCOTT KARLAN MD BOARD MEMBER/STAFF PHYS	60 00 0 00	X						392,875	0	30,353
JEFFREY KATZENBERG BOARD MEMBER	5 00 0 00	X						0	0	0
ANDREW KLEIN MD BOARD MEMBER/STAFF PHYS	60 00 0 00	X						1,067,847	0	120,953
STEWART KWOH BOARD MEMBER	5 00 0 00	X						0	0	0
JOHN C LAW BOARD MEMBER	5 00 0 00	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			
THOMAS J LEANSE ESQ BOARD MEMBER	5 00 1 00	X						0	0	0
JAMES M LIPPMAN BOARD MEMBER	5 00 0 00	X						0	0	0
PHILOMENA MCANDREW MD BOARD MEMBER	5 00 0 00	X						1,500	0	0
ZAB MOSENIFAR MD BOARD MEMBER/STAFF PHYS	60 00 0 00	X						749,096	0	205,217
JAMES A NATHAN BOARD MEMBER	5 00 1 00	X						0	0	0
CHRISTOPHER NG MD BOARD MEMBER/CHIEF OF STAFF	30 00 0 00	X						48,000	0	0
STEVEN B NICHOLS BOARD MEMBER	5 00 0 00	X						0	0	0
LUIS NOGALES BOARD MEMBER	5 00 0 00	X						0	0	0
LOUISE PHANSTIEL BOARD MEMBER	5 00 0 00	X						0	0	0
LAWRENCE B PLATT BOARD MEMBER/FORMER CHAIRMAN	5 00 1 00	X						0	0	0
ANTONY P RESSLER BOARD MEMBER	5 00 0 00	X						0	0	0
RICHARD RIGGS MD BOARD MEMBER/STAFF PHYS	60 00 0 00	X						524,748	0	51,369
STEVEN ROMICK BOARD MEMBER	5 00 0 00	X						0	0	0
MARK S SIEGEL BOARD MEMBER	5 00 1 00	X						0	0	0
PAUL SILKA MD BOARD MEMBER/STAFF PHYS	54 00 0 00	X						515,092	0	98,040
STEVEN SPIELBERG BOARD MEMBER	5 00 0 00	X						0	0	0
BARBRA STREISAND BOARD MEMBER	5 00 0 00	X						0	0	0
LESLIE VERMUT BOARD MEMBER	5 00 1 00	X						0	0	0
PHILLIP ZAKOWSKI MD BOARD MEMBER	5 00 0 00	X						321	0	0
EDWARD PRUNCHUNAS CHIEF FINANCIAL OFFICER	60 00 6 00			X				1,263,700	0	293,117
MARK GAVENS CHIEF OPERATING OFFICER	60 00 0 00				X			1,250,458	0	130,746
SHLOMO MELMED MD CHIEF ACADEMIC OFFICER	60 00 0 00				X			2,032,279	0	306,054
KEITH BLACK MD CHAIRMAN-NEUROSURGERY	60 00 0 00					X		2,675,153	0	63,749
RAJENDRA MAKKAR MD DIRECTOR - INTERVENTIONAL	60 00 0 00					X		2,140,593	0	79,041
EDUARDO MARBAN MD DIRECTOR - HEART INSTITUTE	60 00 1 00					X		1,918,262	0	207,192

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			
BRUCE GEWERTZ MD	60 00									
CHAIRMAN-DEPT OF SURGERY	0 00					X		1,755,132	0	128,199
RICHARD JACOBS	60 00									
SYSTEM DEVELOPMENT	2 00					X		1,697,300	0	164,340

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135076505

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CEDARS-SINAI MEDICAL CENTER

Employer identification number
95-1644600

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? **11g(i)**		
(ii) A family member of a person described in (i) above? **11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h 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 or IRC section **(see instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2012 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

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

Facts And Circumstances Test		
Return Reference	Explanation	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135076505

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
CEDARS-SINAI MEDICAL CENTER	95-1644600

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		1,854,533
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		196,640
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			2,051,173
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	PART II-B, LINE 1F CONSULTING FIRMS HELP CEDARS-SINAI NAVIGATE THROUGH COMPLEX LEGISLATIVE AND REGULATORY CHANGES AND SERVE AS A RESOURCE TO IDENTIFY FEDERAL GRANTS, REPORT ON LEGISLATIVE AND REGULATORY INITIATIVES, ATTEND BRIEFINGS AND HEARINGS, AND PROVIDE ANALYSES IN ADDITION, TRADE ORGANIZATIONS PROVIDE STRONG AND EFFECTIVE REPRESENTATION AND ADVOCACY TO ACHIEVE LEGISLATIVE, REGULATORY AND LEGAL ACCOMPLISHMENTS AT THE STATE AND FEDERAL LEVEL PART II-B, LINE 1G MEETING WITH ELECTED OFFICIALS ON THE FEDERAL, STATE AND CITY LEVEL AS WELL AS FEDERAL AND STATE OFFICIALS AND CITY AGENCY EXECUTIVES TO ADVOCATE ON ISSUES IMPORTANT TO THE CITY AND REGION'S QUALITY OF LIFE AND ECONOMIC DEVELOPMENT

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135076505

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CEDARS-SINAI MEDICAL CENTER

Employer identification number
95-1644600

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	513,424,240	443,236,081	418,709,065	353,913,733	295,551,488
b	Contributions	57,337,018	46,436,249	27,334,243	50,126,715	49,385,421
c	Net investment earnings, gains, and losses	37,718,470	27,755,755	8,556,769	25,230,233	18,536,273
d	Grants or scholarships					
e	Other expenditures for facilities and programs	4,078,881	4,003,845	11,363,996	10,561,616	9,559,449
f	Administrative expenses					
g	End of year balance	604,400,847	513,424,240	443,236,081	418,709,065	353,913,733

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

- a Board designated or quasi-endowment ▶ 55 700 %
- b Permanent endowment ▶ 44 300 %
- c Temporarily restricted endowment ▶ 0 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		56,522,220		56,522,220
b Buildings		1,775,431,078	617,431,858	1,157,999,220
c Leasehold improvements		43,979,988	23,963,019	20,016,969
d Equipment		724,447,088	409,721,782	314,725,306
e Other		206,570,885		206,570,885
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,755,834,600

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	616,832,000	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	616,832,000	

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

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

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

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

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
WORKERS' COMPENSATION LIABILITY PROGRAM	60,569,000
MALPRACTICE AND GENERAL LIABILITY PROGRAM	46,937,000
DEFERRED FEMA GRANT INCOME	25,721,214
DEFERRED COMPENSATION	1,813,860
MEDICARE LIABILITY	3,936,236
PENSION LIABILITY	21,427,810
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	160,405,120

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	2,930,236,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	120,630,557		
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	120,630,557
3	Subtract line **2e** from line **1**			3	2,809,605,443
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	19,056,162		
c	Add lines **4a** and **4b**			4c	19,056,162
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	2,828,661,605

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	2,457,372,000
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	-51,605,096		
e	Add lines **2a** through **2d**			2e	-51,605,096
3	Subtract line **2e** from line **1**			3	2,508,977,096
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	-142		
c	Add lines **4a** and **4b**			4c	-142
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	2,508,976,954

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
PART III, LINE 1A	THE ORGANIZATION HAS ELECTED, AS PERMITTED UNDER ACCOUNTING STANDARDS CODIFICATION 958, NOT TO REPORT ON ITS REVENUE STATEMENT AND BALANCE SHEET WORKS OF ART HELD FOR PUBLIC EXHIBITION
PART III, LINE 4	IN THIS FISCAL YEAR ENDING JUNE 30, 2014, THE ACQUISITIONS COMMITTEE VOTED TO ACCEPT 41 ARTWORKS INTO THE CEDARS-SINAI ART COLLECTION THE FINE MUSEUM QUALITY ARTWORKS OBTAINED WERE CREATED BY SOME WELL-KNOWN ARTISTS SUCH AS GEORGE HURRELL, LEN PRICE, CLIFF BENJAMIN, LARRY COHEN, ED RUSCHA, RICHARD SERRA,AND LORNA RITZ THEIR NAMES ALONE ARE SYNONYMOUS WITH EXCELLENCE THE COMMITTEE DOES MAKE A CONCERTED EFFORT TO APPLY A SOPHISTICATED EYE TO THE ACCEPTANCE OF ALL WORKS THE PURPOSE OF EACH PIECE OF ARTWORK, AESTHETICALLY SITUATED, IS TO ENHANCE PATIENT CARE BY CREATING A HEALING ENVIRONMENT FOR ALL TO ENJOY THEY ARE AWARE THAT ART WITHIN A HOSPITAL SETTING MAY EFFECTIVELY COMPLEMENT HEALTHCARE BY CREATING A STIMULATING AND ATTRACTIVE ENVIRONMENT CEDARS-SINAI AND THE ADVISORY COUNCIL FOR THE ARTS ARE COMMITTED TO THE CONCEPT OF THE HEALING POWER OF ART, SEEKING ALWAYS TO UPHOLD THAT CONCEPT THIS ONGOING ARTS PROGRAM IS DEDICATED TO THE ADVANCEMENT OF THE APPRECIATION OF ART AND THE AESTHETIC ENJOYMENT OF ITS PATIENTS, VISITORS, STUDENTS AND STAFF WE RECEIVE NUMEROUS PHONE CALLS FROM PATIENTS, VISITORS AND STAFF EXPRESSING HOW BEAUTIFUL THE ART IS AND HOW SIGNIFICANT IT WAS TO THEIR RECOVERY
PART V, LINE 4	THE MEDICAL CENTER'S ENDOWMENT CONSISTS OF APPROXIMATELY 200 INDIVIDUAL FUNDS FOR A VARIETY OF PURPOSES THE INTENDED USES ARE FOR RESEARCH, DONOR-DESIGNATED OR FOR GENERAL PURPOSES
PART X, LINE 2	THE MEDICAL CENTER COMPLETED AN ANALYSIS OF ITS TAX POSITIONS, IN ACCORDANCE WITH ASC 740, INCOME TAXES AND DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THE MEDICAL CENTER HAS RECOGNIZED NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS THE MEDICAL CENTER IS SUBJECT TO ROUTINE AUDITS BY THE TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS THE MEDICAL CENTER BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2010
PART XI, LINE 4B - OTHER ADJUSTMENTS	NET ASSETS RELEASED FROM RESTRICTIONS -135,466,481 RESTRICTED REVENUES - PERM 16,641,754 RESTRICTED REVENUES - TEMP 139,359,256 FUNDRAISING DIRECT EXPENSES SHOWN AS REVENUE OFFSET IN 990 PART VIII LINE 8B -1,477,145 ROUNDING -1,222
PART XII, LINE 2D - OTHER ADJUSTMENTS	RESTRICTED EXPENSES NOT INCLUDED IN THE AUDITED FINANCIAL STATEMENTS 135,466,481 FUNDRAISING EXPENSES RECLASS AS REVENUE OFFSET 1,477,145 FOUNDATION FUNDING IN EXPENSES FOR TAX, EQUITY FOR BOOKS -53,082,241 NET ASSETS RELEASED FROM RESTRICTIONS FOR OPERATIONS -135,466,481
PART XII, LINE 4B - OTHER ADJUSTMENTS	ROUNDING -142

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135076505

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CEDARS-SINAI MEDICAL CENTER

Employer identification number
95-1644600

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 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	1	2			423,864,576
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	1	2			423,864,576

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)		MIDDLE EAST AND NORTH AFRICA	PREPAREDNESS FOR MASS CASUALTY EVENT	6,000	CHECK			
(2)		MIDDLE EAST AND NORTH AFRICA	SUPPORT OF TEL AVIV UNIVERSITY SCHOLARSHIPS	6,000	CHECK			
(3)		EAST ASIA AND THE PACIFIC	SUPPORT FOR PHILIPPINES TYPHOON APPEAL	50,000	CHECK			
(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

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)*	☐ 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).*	☐ 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 2	THE ORGANIZATION CONSISTENTLY CONTRIBUTES TO WELL-ESTABLISHED EXEMPT ORGANIZATIONS AND REL IES ON THE GOVERNING BODY OF EACH OF THESE ORGANIZATIONS TO ENSURE THAT GRANT FUNDS DONATE D TO EACH AND EVERY ORGANIZATION ARE USED FOR PROPER PURPOSES AND NOT OTHERWISE DIVERTED F ROM THE INTENDED USE SCHEDULE F, PART I, LINE 3 PART I, LINE 3, COLUMN E REGION MIDDLE E AST AND NORTH AFRICA - THE ORGANIZATION IS PROVIDING FUNDING FOR A PRE-CLINICAL RESEARCH C OLLABORATIVE AGREEMENT WITH PHARMASEED LTD IN ISRAEL AND IS ALSO PROVIDING FUNDING TO SELY NO BIOMEDICAL LTD IN ISRAEL FOR HELPING TO DEVELOP A MEDICAL DEVICE CANDIDATE CONSISTING O F ULTRASOUND-MEDIATED GENE TARGETING TO ENDOGENOUS MSCS FOR BONE REPAIR REGION NORTH AME RICA - AN OFFICE IS MAINTAINED WITHIN THE CLINICA LOMAS ALTAS IN MEXICO CITY ONE OF THE M AIN PURPOSES OF MAINTAINING THIS OFFICE IS TO EXPAND ACCESS TO CEDARS-SINAI'S HEALTHCARE P RODUCTS AND SERVICES TO PATIENTS IN MEXICO ON A REFERRAL BASIS IN ADDITION, THE ORGANIZAT ION IS PROVIDING FUNDING FOR ANTI-TFNA THERAPY RESEARCH PERFORMED AT THE UNIVERSITY OF CAL GARY AND ALSO PROVIDING FUNDING FOR SPONDYLITIS RESEARCH AT UHN TORONTO WESTERN HOSPITAL REGION EAST ASIA AND THE PACIFIC - THE ORGANIZATION IS PROVIDING FUNDING IN AUSTRALIA FOR GENETICS RESEARCH TO BE PERFORMED AT THE UNIVERSITY OF QUEENSLAND AND IS ALSO PROVIDING F UNDING IN TAIWAN FOR HYPERTENSION RESEARCH IN TAIWAN CHINESE PERFORMED AT THE NATIONAL HEA LTH RESEARCH INSTITUTES REGION EUROPE - THE ORGANIZATION IS PROVIDING FUNDING IN ITALY F OR RESEARCH INTO RELIABLE EVALUATION OF CORONARY ARTERY DISEASE USING MYOCARDIAL BOLD MRI WITH CO2 PART I, LINE 3, COLUMN F REGION CENTRAL AMERICA AND THE CARIBBEAN VALUE OF INVE STMENTS MADE 406,057,102 AMOUNT OF INVESTMENT FEES 17,437,585 PART I, LINE 3, COLUMN F T HE AMOUNT OF EXPENDITURES REPORTED HERE IS BASED ON THE METHOD USED ON THE ORGANIZATION'S FINANCIAL STATEMENTS WHICH IS THE ACCRUAL METHOD OF ACCOUNTING

Additional Data

Software ID:
Software Version:
EIN: 95-1644600
Name: CEDARS-SINAI MEDICAL CENTER

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PASSIVE INVESTMENTS	N/A	423,494,687
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES	SEE PART V NARRATIVE	16,265
NORTH AMERICA	1	2	PROGRAM SERVICES	SEE PART V NARRATIVE	229,306

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	SEE PART V NARRATIVE	55,562
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	SEE PART V NARRATIVE	5,756
EAST ASIA AND THE PACIFIC	0	0	GRANT MAKING	N/A	50,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	0	0	GRANT MAKING	N/A	12,000
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANT MAKING	N/A	1,000

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135076505

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.
Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CEDARS-SINAI MEDICAL CENTER

Employer identification number
95-1644600

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to 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? Yes	**(iii)** No	**(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
1	BETH MOSKOWITZ 2043 COLORADO 7 SM, CA 90404	CONSULTING SERVICES	Yes		1,158,533	21,878	1,136,655
2	GRANT ASSOCIATES 5670 WILSHIRE 1590 LA, CA 90036	CONSULTING SERVICES	Yes		815,908	40,327	775,581
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶					1,974,441	62,205	1,912,236

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, DC

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

		(a) Event #1 PINK PARTY (event type)	(b) Event #2 FASHION INDUSTRIES GUILD GALA (event type)	(c) Other events 8 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,339,150	1,115,474	2,277,768	4,732,392
	2 Less Contributions	1,019,200	1,005,824	1,888,421	3,913,445
	3 Gross income (line 1 minus line 2)	319,950	109,650	389,347	818,947
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	382,187	32,677	112,778	527,642
	7 Food and beverages	56,063	153,457	176,209	385,729
	8 Entertainment			75,600	75,600
	9 Other direct expenses	87,906	30,346	369,922	488,174
	10 Direct expense summary Add lines 4 through 9 in column (d)				(1,477,145)
	11 Net income summary Subtract line 10 from line 3, column (d)				-658,198

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			87,225	87,225
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☑ Yes % ☐ 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)				87,225

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

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

b If "No," explain THE ORGANIZATION IS NOT REQUIRED TO REGISTER WITH THE CALIFORNIA ATTORNEY GENERAL'S OFFICE

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 operate gaming activities with nonmembers? . . . . . ☐ Yes ☑ No

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

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	%
b	An outside facility	13b	100 000 %

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

Name ▶ LEO CORONADO

Address ▶ 8700 BEVERLY BLVD
LOS ANGELES, CA 90048

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 ▶ VARIOUS - SEE PART IV

Gaming manager compensation ▶ $

Description of services provided ▶ SEE PART IV

☐ 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 ▶ $ 78,503

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, COLUMN (V)	GRANT ASSOCIATES WAS HIRED TO SOLICIT DONATIONS AND ATTENDEES THEY MAILED OUT INVITATIONS AND THEN RECEIVED RSVP'S THEY WERE CHARGED WITH DELIVERING MONIES AND FINANCIAL REPORTS ON A DAILY OR AGREED UPON SCHEDULE TO CSMC DESIGNATED STAFF BETH MOSKOWITZ WAS HIRED TO PLAN AN ANNUAL EVENT, PERFORM CHARITABLE SOLICITATIONS AND INCREASE REVENUE STREAMS
PART III, LINES 3, 6, 16	PART III, LINE 3 NONCASH PRIZES BY EVENT BOG GALA $ 71,656 TOM COLLIER MEMORIAL REGATTA $ 915 C O A C H FOR KIDS $ 15,344 PART III, LINE 6 - VOLUNTEER LABOR BY EVENT BOG GALA 0% TOM COLLIER MEMORIAL REGATTA 5% C O A C H FOR KIDS 0% PART III, LINE 16 GAMING MANAGER INFORMATION BOG GALA CHARITY ANGELS, INDEPENDENT CONTRACTOR, $1,500, ONSITE SALES BOG GALA VICTORIA CATES EMPLOYEE, $115 60, OVERSIGHT TOM COLLIER MEMORIAL REGATTA HANNA COLLIER, VOLUNTEER, $0, OVERSIGHT TOM COLLIER MEMORIAL REGATTA ROXY KINSTETTER, EMPLOYEE, $130 00, OVERSIGHT C O A C H FOR KIDS CHARITY ANGELS, INDEPENDENT CONTRACTOR, $1,000, ONSITE SALES C O A C H FOR KIDS FAYNE PITTS-WILLIAMS, EMPLOYEE, $124 00, OVERSIGHT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135076505

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CEDARS-SINAI MEDICAL CENTER

Employer identification number
95-1644600

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 45000 0000000000 %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4		No
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			15,622,886	0	15,622,886	0 620 %
b Medicaid (from Worksheet 3, column a)			216,570,163	146,188,692	70,381,471	2 810 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			14,052,258	8,871,640	5,180,618	0 210 %
d **Total** Financial Assistance and Means-Tested Government Programs			246,245,307	155,060,332	91,184,975	3 640 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			27,077,660	331,410	26,746,250	1 070 %
f Health professions education (from Worksheet 5)			71,072,332	10,645,833	60,426,499	2 410 %
g Subsidized health services (from Worksheet 6)			2,171,650	2,155,259	16,391	0 %
h Research (from Worksheet 7)			149,791,438	81,673,704	68,117,734	2 710 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			796,250	0	796,250	0 030 %
j **Total.** Other Benefits			250,909,330	94,806,206	156,103,124	6 220 %
k **Total.** Add lines 7d and 7j			497,154,637	249,866,538	247,288,099	9 860 %

Part II Community Building Activities Complete this if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			0			
2 Economic development			52,963		52,963	0 %
3 Community support			1,060,754		1,060,754	0 040 %
4 Environmental improvements			5,700		5,700	0 %
5 Leadership development and training for community members			106,875		106,875	0 %
6 Coalition building			92,150		92,150	0 %
7 Community health improvement advocacy			39,093		39,093	0 %
8 Workforce development			2,224,509		2,224,509	0 090 %
9 Other			950		950	0 %
10 **Total**			3,582,994		3,582,994	0 130 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	177,237,342		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	150,153,503		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	540,493,208
6	Enter Medicare allowable costs of care relating to payments on line 5	6	760,939,132
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-220,445,924
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 NA				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group CEDARS-SINAI MEDICAL CENTER

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☑ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		No
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW CEDARS-SINAI EDU			
b	☐ Other website (list url)			
c	☑ Available upon request from the hospital facility			
d	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☐ Participation in the development of a community-wide plan			
d	☐ Participation in the execution of a community-wide plan			
e	☑ Inclusion of a community benefit section in operational plans			
f	☑ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 450 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☐ Medical indigency			
d ☑ Insurance status			
e ☑ Uninsured discount			
f ☑ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Residency			
i ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☑ Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☐ Notified individuals of the financial assistance policy prior to discharge
- **c** ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☑ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **8**

	Name and address	Type of Facility (describe)
1	CEDARS-SINAI MEDICAL CENTER 310 SAN VICENTE BLVD WEST HOLLYWOOD, CA 90048	OUTPATIENT SURGICAL
2	CEDARS-SINAI MEDICAL CENTER 8723 ALDEN DRIVE LOS ANGELES, CA 90048	OUTPATIENT SERVICES-AMBULATORY CARE/ENDOCRINOLOGY/PRIMARY ADULT CARE
3	CEDARS-SINAI MEDICAL CENTER 8631 W 3RD STREET LOS ANGELES, CA 90048	OUTPATIENT SERVICES-BLOOD DRAW/CARDIOLOGY/PITUITARY CTR/RADIOLOGY/ETC
4	CEDARS-SINAI MEDICAL CENTER 8536 WILSHIRE BLVD BEVERLY HILLS, CA 90211	OUTPATIENT SERVICES-NUCLEAR CARDIAC STRESS
5	CEDARS-SINAI MEDICAL CENTER 444 S SAN VICENTE BLVD LOS ANGELES, CA 90048	OUTPATIENT SERVICES-GAMMA KNIFE/PAIN CTR/PRENATAL DIAG/REHAB/ETC
6	CEDARS-SINAI MEDICAL CENTER 8635 W 3RD STREET BEVERLY HILLS, CA 90211	OUTPATIENT SERVICES-ORGAN TRANSPLANT/ETC
7	CEDARS-SINAI MEDICAL CENTER 9090 WILSHIRE BLVD BEVERLY HILLS, CA 90211	OUTPATIENT SERVICES-CANCER TREATMENT CENTER
8	CEDARS-SINAI MEDICAL CENTER 127 S SAN VICENTE BLVD LOS ANGELES, CA 90048	OUTPATIENT SERVICES-NEUROSCIENCES/HEART INST/IMAGING/LAB SVC
9		
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
PART I, LINE 7	COSTING METHODOLOGY USED TO CALCULATE AMOUNTS ON LINE 7 WERE DERIVED FROM COST ACCOUNTING SYSTEM COST ACCOUNTING SYSTEM ADDRESSES ALL PATIENT SEGMENTS - INPATIENT, OUTPATIENT, EMERGENCY ROOM, ETC AND ALL PAYERS - PRIVATE INSURANCE, MEDICARE, MEDI-CAL, UNINSURED AND SELF-PAY PART I, LINE 4 THE MEDICALLY INDIGENT AND HIGH MEDICAL COST WHILE NOT SPECIFICALLY REFERENCED IN OUR FINANCIAL ASSISTANCE POLICY (FAP), INDIVIDUALS WHO MAY BE CONSIDERED "MEDICALLY INDIGENT" CAN APPLY FOR FINANCIAL ASSISTANCE AT CEDARS-SINAI MEDICAL CENTER (CSMC) ASSEMBLY BILL-774'S DEFINITION OF A PATIENT WITH HIGH MEDICAL COST MEANS A PERSON WHOSE FAMILY INCOME DOES NOT EXCEED 350% OF THE FEDERAL POVERTY LEVEL (FPL), IF THAT INDIVIDUAL DOES NOT RECEIVE A DISCOUNTED RATE FROM THE HOSPITAL AS A RESULT OF HIS OR HER THIRD-PARTY COVERAGE FOR THESE PURPOSES, IT MEANS (1) ANNUAL OUT-OF-POCKET COSTS THAT EXCEED 10% OF PATIENT'S FAMILY INCOME AND (2) A LOWER LEVEL FPL DETERMINED BY THE HOSPITAL IN ACCORDANCE WITH THE HOSPITAL'S CHARITY CARE POLICY THERE ARE TWO TESTS USED TO DETERMINE HIGH MEDICAL COST 1 THE FIRST TEST INVOLVES A COMPARISON OF THE SPECIFIC PATIENT'S OUT-OF-POCKET "INCURRED" AT THE HOSPITAL TO THE PATIENT'S FAMILY INCOME FOR THE PAST 12 MONTHS 2 THE SECOND TEST COMPARES THE MEDICAL EXPENSES "PAID" BY THE PATIENT OR THE PATIENT'S FAMILY WITHIN THE LAST 12 MONTHS CSMC IS MORE GENEROUS IN ITS DEFINITION OF HIGH MEDICAL COSTS RATHER THAN USING THE STATED 350% FPL THRESHOLD, CSMC USES A MORE LIBERAL 450% THRESHOLD

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	CEDARS-SINAI IS INVOLVED IN NUMEROUS COMMUNITY BUILDING ACTIVITIES WHICH PROMOTE THE HEALTH OF THE COMMUNITIES IT SERVES NUMEROUS COMMUNITY CONCERNS ARE ADDRESSED, INCLUDING HEALTH IMPROVEMENT, EDUCATION, POVERTY, WORKFORCE DEVELOPMENT AND ACCESS TO CARE WE ALSO ENCOURAGE OUR EMPLOYEES TO PARTICIPATE IN HEALTH ADVOCACY PROGRAMS AND PHYSICAL IMPROVEMENT PROJECTS WE WORK WITH OTHER TAX-EXEMPT ORGANIZATIONS TO PROMOTE HEALTH AND WELLNESS AND DISEASE PREVENTION THESE ACTIVITIES ARE NOT INCLUDED ELSEWHERE ON SCHEDULE H PART III, LINE 3 IT IS OUR BELIEF THAT $150,153,503 OF BAD DEBT SHOULD BE INCLUDED AS COMMUNITY BENEFIT AS A TAX-EXEMPT HOSPITAL WE MUST PROVIDE NECESSARY SERVICES REGARDLESS OF THE PATIENT'S ABILITY TO PAY FOR THE SERVICE PROVIDED AS A NOT-FOR-PROFIT, PATIENT CARE IS PROVIDED TO ALL, REGARDLESS OF ABILITY TO PAY FOR THAT CARE MAKING QUALITY PATIENT CARE AVAILABLE TO ALL IN OUR COMMUNITY, REGARDLESS OF THEIR ECONOMIC MEANS, QUALIFIES BAD DEBTS AS A COMMUNITY BENEFIT AS PART OF OUR BAD DEBT ASSESSMENT, WE STUDIED THE CHARACTERISTICS OF THE UNINSURED POPULATION IN OUR RESERVES AND IDENTIFIED THOSE PATIENTS WHO WERE UNABLE TO PAY FOR ANY OF THEIR SERVICES WE BELIEVE THAT THE ESTIMATED AMOUNT ENTERED ON PART III, LINE 3 INCLUDE INDIVIDUALS WHO WOULD HAVE LIKELY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER OUR FINANCIAL ASSISTANCE POLICY AND SHOULD BE COUNTED AS COMMUNITY BENEFIT

Form and Line Reference	Explanation
PART III, LINE 4	PER THE AUDITED FINANCIAL STATEMENTS FOOTNOTE 1 - PROVISION FOR UNCOLLECTIBLE ACCOUNTSPATIENT SERVICE REVENUE, NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS, IS REDUCED BY THE PROVISION FOR BAD DEBTS, AND ACCOUNTS RECEIVABLE IS REDUCED BY AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS THE MEDICAL CENTER ESTABLISHES AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED ON MANY FACTORS, INCLUDING PAYER MIX, AGE OF RECEIVABLES, HISTORICAL CASH COLLECTION EXPERIENCE, AND OTHER RELEVANT INFORMATION A SIGNIFICANT PORTION OF THE MEDICAL CENTER'S UNINSURED PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR SERVICES PROVIDED AND A SIGNIFICANT PORTION OF THE MEDICAL CENTER'S INSURED PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR CO-PAYMENTS AND DEDUCTIBLES THUS THE MEDICAL CENTER RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS RELATED TO THESE INSURED AND UNINSURED PATIENTS IN THE PERIOD THE SERVICES ARE PROVIDED THE MEDICAL CENTER WRITES DOWN THE EXPECTED REIMBURSEMENT AFTER REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED PART III, LINE 6 - COSTING METHODOLOGY REVENUE AND ALLOWABLE COSTS WERE DERIVED FROM THE MEDICARE COST REPORT WHICH WAS COMPILED UNDER MEDICARE COSTING RULES AND REGULATIONS AS ISSUED BY THE HEALTH CARE FINANCING ADMINISTRATION AND ENFORCED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES

Form and Line Reference	Explanation
PART III, LINE 8	- RATIONALE FOR MEDICARE SHORTFALL AMOUNT ATTRIBUTABLE TO COMMUNITY BENEFIT IT IS OUR BELIEF THAT ALL OF THE $220,445,924 SHORTFALL SHOULD BE CONSIDERED AS COMMUNITY BENEFIT THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE PROVISION OF CARE TO THE ELDERLY AND MEDICARE PATIENTS MEDICARE SHORTFALLS MUST BE ABSORBED BY THE MEDICAL CENTER IN ORDER TO CONTINUE TREATING THE ELDERLY IN OUR COMMUNITY THE MEDICAL CENTER PROVIDES CARE REGARDLESS OF THIS SHORTFALL AND THEREBY RELIEVES THE FEDERAL GOVERNMENT OF THE BURDEN OF PAYING THE FULL COST FOR MEDICARE BENEFICIARIES CARING FOR MEDICARE PATIENTS FULFILLS A COMMUNITY NEED AND RELIEVES A GOVERNMENT BURDEN AS THESE PATIENTS TYPICALLY HAVE LOW AND/OR FIXED INCOMES MEDICARE DOES NOT PROVIDE SUFFICIENT REIMBURSEMENT TO COVER THE COST OF PROVIDING CARE FOR THESE PATIENTS

Form and Line Reference	Explanation
PART III, LINE 9B	FOR PATIENTS WHO HAVE AN APPLICATION PENDING FOR EITHER GOVERNMENT SPONSORED COVERAGE OR FOR THE MEDICAL CENTER'S OWN FINANCIAL ASSISTANCE PROGRAM, THE MEDICAL CENTER SHALL NOT KNOWINGLY SEND OR ASSIGN SUCH PATIENT'S BILL TO AN OUTSIDE COLLECTION AGENCY PRIOR TO 120 DAYS FROM THE DATE OF THE MEDICAL CENTER'S INITIAL BILLING OF THAT ACCOUNT, AND MAY HOLD THE BILL SIGNIFICANTLY LONGER FOR PATIENTS WHO HAVE QUALIFIED FOR FINANCIAL ASSISTANCE OR WHO HAVE NEGOTIATED A PAYMENT PLAN AND ARE REASONABLY COOPERATING WITH THE MEDICAL CENTER IN SETTLING AN OUTSTANDING BILL, THE MEDICAL CENTER WILL NOT KNOWINGLY SEND OR ASSIGN SUCH PATIENT'S BILL TO AN OUTSIDE COLLECTION AGENCY

Form and Line Reference	Explanation
PART VI, LINE 2	A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED FOR FISCAL YEAR ENDED 6/30/13 SEE NARRATIVE FOR SCHEDULE H, PART V, SECTION B, LINE 1J

Form and Line Reference	Explanation
PART VI, LINE 3	AS PART OF ITS COMMUNITY BENEFIT CONTRIBUTION, CEDARS-SINAI PROVIDES FREE AND PART-PAY CARE TO PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE CEDARS-SINAI HAS ONE OF THE STATE'S MOST INCLUSIVE FINANCIAL ASSISTANCE PROGRAMS FOR THOSE IN NEED, PROVIDING FREE OR PART-PAY CARE TO PEOPLE MAKING UP TO 450% OF THE FEDERAL POVERTY LEVEL ($107,325 FOR A FAMILY OF FOUR IN 2014) BECAUSE REIMBURSEMENT TO CEDARS-SINAI FROM MOST GOVERNMENT PROGRAMS DOES NOT COME ANYWHERE NEAR THE ACTUAL COST OF CARING FOR THESE PATIENTS, CEDARS-SINAI CONTRIBUTES THE UNREIMBURSED COSTS OF CARING FOR THESE PATIENTS (THE ACTUAL COST OF PATIENT CARE LESS THE ACTUAL AMOUNT PAID TO CEDARS-SINAI BY THESE GOVERNMENT PROGRAMS) IN FISCAL YEAR 2014, CEDARS-SINAI'S TOTAL UNREIMBURSED COST OF PROVIDING DIRECT MEDICAL CARE FOR POOR AND UNDERSERVED PATIENTS (CHARITY CARE AND THE UNCOMPENSATED COST OF CARING FOR MEDICAID PATIENTS) WAS $113,409,000 DUE TO ITS SIZE AND EXPERTISE, CEDARS-SINAI ALSO TREATS MORE MEDICARE PATIENTS THAN ANY OTHER HOSPITAL IN CALIFORNIA, MORE THAN TWICE AS MANY AS THE NEXT HIGHEST-VOLUME HOSPITAL ALMOST ONE-THIRD (29%) OF CEDARS-SINAI'S MEDICARE PATIENTS ARE POOR, AND QUALIFY FOR MEDICAID A SIGNIFICANT NUMBER OF CEDARS-SINAI'S MEDICARE PATIENTS ARE OVER THE AGE OF 85, AND HAVE MULTIPLE, COMPLEX ILLNESSES BECAUSE MEDICARE'S PAYMENT TO CEDARS-SINAI FOR THE CARE OF MEDICARE PATIENTS DOES NOT COME ANYWHERE NEAR THE ACTUAL COST OF CARE, CEDARS-SINAI CONTRIBUTES THE UNREIMBURSED COST OF PROVIDING PATIENT CARE TO PEOPLE WITH MEDICARE IN FISCAL YEAR 2014, CEDARS-SINAI UNREIMBURSED CONTRIBUTION WAS $368,415,000 CEDARS-SINAI OFFERS MANY PROGRAMS THAT, DUE TO LOW REIMBURSEMENTS FROM PAYERS, DO NOT RECOVER THEIR TOTAL COSTS (AND THUS OPERATE AT A LOSS), BUT ARE ESSENTIAL TO THE HEALTH OF THE COMMUNITY AND THE REGION FOR EXAMPLE, CEDARS-SINAI'S EMERGENCY DEPARTMENT SERVES THE ENTIRE REGION AS ONE OF ONLY FOUR REMAINING LEVEL I TRAUMA CENTERS IN LOS ANGELES COUNTY (AND THE ONLY ONE NOT OPERATED BY THE GOVERNMENT), WITH STAFFING AND TECHNOLOGY TO TREAT THE MOST SEVERELY INJURED ACCIDENT AND NATURAL DISASTER VICTIMS CEDARS-SINAI MEDICAL CENTER (CSMC) PROVIDES NOTIFICATION OF OUR FINANCIAL ASSISTANCE POLICY (FAP) TO OUR PATIENT POPULATION AND THOSE ACCOMPANYING THEM TO ADMITTING AND REGISTRATION AREAS TO INSURE COMPLIANCE WITH STATE REGULATIONS, WE PROVIDE WRITTEN NOTICE TO ALL PATIENTS, UPON ADMISSION OR REGISTRATION THE 40+ PAGE FAP IS IMMEDIATELY AVAILABLE UPON REQUEST IN ADDITION TO OUR FAP NOTICE, CSMC PROVIDES NOTIFICATION OF CASH DISCOUNTS, CASH PACKAGES AND GOVERNMENT PROGRAMS FURTHERMORE, THE ROSENTHAL FAIR DEBT COLLECTION PRACTICES ACT IS PRINTED ON THE BACKSIDE OF THIS NOTIFICATION IN ADDITION TO HANDING THE NOTIFICATION DOCUMENT TO THE PATIENT, WE HAVE POSTED SIGNAGE IN ALL AREAS AS DEFINED IN REGULATIONS AND AS DEEMED APPROPRIATE THIS INCLUDES BUT IS NOT LIMITED TO THE EMERGENCY DEPARTMENT, BILLING OFFICE, ADMISSION AND REGISTRATION AREAS AND OTHER OUTPATIENT AREAS

Form and Line Reference	Explanation
PART VI, LINE 4	THE COMMUNITY IS DEFINED AS THOSE INDIVIDUALS IN ZIP CODES SURROUNDING THE MEDICAL CENTER (90048) 46% ARE WHITE, 16% ARE BLACK/AFRICAN AMERICAN, 11% ARE ASIAN, 2% ARE NATIVE HAWAIIAN/PACIFIC ISLANDER, 7% ARE AMERICAN INDIAN/ALASKAN NATIVE, 22% ARE SOME OTHER RACE AND 5% ARE 2+ RACES AMONG THE PEOPLE WHO LIVE IN THE SERVICE AREA, 21% ARE LESS THAN 18 YEARS OF AGE, 79% ARE 18-24 YEARS OF AGE, 69% ARE 25-64 YEARS OF AGE AND 12% ARE GREATER THAN 65 YEARS OF AGE OVERALL, 19% OF FAMILIES ARE BELOW THE POVERTY LINE THE MEDIAN HOUSEHOLD INCOME IS $47,608

Form and Line Reference	Explanation
PART VI, LINE 5	CEDARS-SINAI IS DRIVEN BY ITS MISSION TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY AND TO PROVIDE LEADERSHIP AND EXCELLENCE IN PATIENT CARE, RESEARCH AND EDUCATION THE DEPARTMENT OF COMMUNITY HEALTH AND EDUCATION IS CHARGED WITH ENHANCING CEDARS-SINAI'S SERVICE TO, AND CONNECTION WITH, THE COMMUNITY AS MEASURED BY ITS COMMUNITY EDUCATION, SERVICE PROGRAMS, PARTICIPATION AND INVOLVEMENT WITH OTHER COMMUNITY SERVICE ORGANIZATIONS WITH THE EXPERIENCE AND EXPERTISE OF MEDICAL AND ADMINISTRATIVE STAFF THROUGHOUT THE MANY DEPARTMENTS OF CEDARS-SINAI, AND WITH ITS COLLABORATIVE RELATIONSHIPS WITH COMMUNITY PARTNERS, CEDARS-SINAI HAS MADE A SIGNIFICANT CONTRIBUTION, BOTH IN QUANTIFIABLE AND NONQUANTIFIABLE TERMS, TO THE BENEFIT OF THE COMMUNITY CEDARS-SINAI IS GOVERNED BY A BOARD OF DIRECTORS THAT IS COMPRISED OF MEMBERS OF THE COMMUNITY FURTHER, THE COMMUNITIES ARE SERVED BY AN OPEN MEDICAL STAFF ALSO, ANY SURPLUS FUNDS ARE REINVESTED INTO THE ORGANIZATION TO FURTHER SUPPORT THE COMMUNITY DURING THE TAX YEAR, CEDARS-SINAI'S COMMUNITY BENEFIT EXPENSES TOTALED OVER $247,000,000 DIVIDED AMONG FIVE MAJOR CATEGORIES FOR PURPOSES OF ESTIMATING CEDARS-SINAI'S FINANCIAL CONTRIBUTION TO COMMUNITY BENEFIT, THE FOLLOWING DEFINITIONS ARE USED UNREIMBURSED COST OF DIRECT MEDICAL CARE FOR THE POOR AND UNDERSERVED - INCLUDES THE UNREIMBURSED COST OF FREE AND DISCOUNTED HEALTHCARE SERVICES PROVIDED TO PERSONS WHO MEET THE ORGANIZATION'S CRITERIA FOR FINANCIAL ASSISTANCE AND ARE THEREFORE, DEEMED UNABLE TO PAY FOR ALL OR A PORTION OF THE SERVICES TRADITIONAL CHARITY CARE IS INCLUDED IN THE INTERNAL REVENUE SERVICE (IRS) FORM 990 SCHEDULE H PART I LINE 7A UNPAID COST OF STATE PROGRAMS - THIS AMOUNT REPRESENTS THE UNPAID COST OF SERVICES PROVIDED TO PATIENTS IN THE MEDI-CAL PROGRAM AND ENROLLED IN HMO AND PPO PLANS UNDER CONTRACT WITH THE MEDI-CAL PROGRAM THESE COSTS ARE INCLUDED IN THE IRS FORM 990 SCHEDULE H PART I LINE 7B IN THE STATE OF CALIFORNIA THE MEDICAID PROGRAM IS CALLED MEDI-CAL UNREIMBURSED COST OF DIRECT MEDICAL CARE FOR MEDICARE PATIENTS - PRIMARILY BENEFITS THE ELDERLY THIS AMOUNT REPRESENTS THE UNPAID COST OF SERVICES PROVIDED TO PATIENTS IN THE MEDICARE PROGRAM AND ENROLLED IN HMO AND PPO PLANS UNDER CONTRACT WITH THE MEDICARE PROGRAM THESE COSTS ARE INCLUDED IN THE IRS FORM 990 SCHEDULE H PART III SECTION B COMMUNITY BENEFIT PROGRAMS, AS WELL AS EDUCATION AND TRAINING FOR PHYSICIANS AND OTHER HEALTH PROFESSIONALS - COST OF SERVICES THAT ARE BENEFICIAL TO THE BROADER COMMUNITY THIS CATEGORY INCLUDES UNREIMBURSED COSTS OF HEALTH PROFESSIONS EDUCATION, COMMUNITY HEALTH IMPROVEMENT, COMMUNITY BENEFIT OPERATIONS, AND CASH DONATIONS THESE COSTS ARE INCLUDED IN THE IRS FORM 990 SCHEDULE H PART I LINES 7E, 7F, 7G, AND 7I BELOW ARE SOME EXAMPLES OF COSTS INCLUDED IN THIS CATEGORY OF THE COMMUNITY BENEFIT CONTRIBUTION HEALTH PROFESSIONS EDUCATIONAS AN ACADEMIC MEDICAL CENTER, CEDARS-SINAI OFFERS GRADUATE MEDICAL EDUCATION AND MANY OTHER EDUCATION PROGRAMS FOR A VARIETY OF HEALTH PROFESSIONALS THEY INCLUDE OFFERING GRADUATE EDUCATION TRAINING PROGRAMS IN OVER 50 SPECIALTY AND SUBSPECIALTY AREAS AND OTHER HEALTH PROFESSIONS EDUCATION PROGRAMS, AS WELL AS A SUBSTANTIAL PORTION OF THE EDUCATION TO UNIVERSITY OF CALIFORNIA LOS ANGELES MEDICAL STUDENTS, INCLUDING DEGREE PROGRAMS AND EXTENSIVE EDUCATIONAL RESOURCES FOR ASPIRING AND CURRENT NURSES COMMUNITY HEALTH IMPROVEMENT* CLINICAL SERVICES ARE PROVIDED TO UNDERSERVED COMMUNITIES DAILY, THROUGH AN ON-SITE PRIMARY ADULT CARE CLINIC, AND THROUGH MOBILE MEDICAL UNITS AND FREE COMMUNITY CLINICS THROUGHOUT LOS ANGELES - ALL SERVING UNDERSERVED, UNINSURED AND UNDERINSURED POPULATIONS * EACH YEAR, CEDARS-SINAI TAKES PART IN COMMUNITY-BASED ACTIVITIES WITH MORE THAN 170,000 ENCOUNTERS, INCLUDING HEALTH FAIRS, EXERCISE PROGRAMS, AND SCREENING PROGRAMS FOR CONDITIONS SUCH AS CARDIOVASCULAR DISEASE, DEPRESSION, DIABETES AND HYPERTENSION, AS WELL AS IMMUNIZATION PROGRAMS, LECTURES, AND WORKSHOPS ALSO OFFERED ARE DISEASE-SPECIFIC SUPPORT GROUPS, PATIENT EDUCATION PROGRAMS, AND PROGRAM AFFILIATES * CEDARS-SINAI PLANS AND IMPLEMENTS LONG-TERM COMPREHENSIVE STRATEGIES TO MEET THE HEALTH NEEDS OF UNDERSERVED COMMUNITIES SIGNATURE COMMUNITY BENEFIT PROGRAMS SEEK TO IMPROVE HEALTH IN COMMUNITIES BY BUILDING STRONG PARTNERSHIPS, BUILDING COMMUNITY CAPACITIES AND PROVIDING DIRECT EDUCATION RESEARCH PROGRAMS - COST OF PROVIDING TRANSLATIONAL AND CLINICAL RESEARCH AND STUDIES ON HEALTH CARE DELIVERY THESE COSTS ARE INCLUDED IN THE IRS FORM 990 SCHEDULE H PART I LINE 7H

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	CA

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
CEDARS-SINAI MEDICAL CENTER	PART V, SECTION B, LINE 1J TO IDENTIFY THE UNMET HEALTH NEEDS OF THE COMMUNITIES, AND TO PROVIDE A FRAMEWORK FOR PRIORITIZING ITS COMMUNITY HEALTH PROGRAMS, CEDARS-SINAI REGULARLY CONDUCTS A WIDE-RANGING COMMUNITY HEALTH NEEDS ASSESSMENT NEEDS ASSESSMENTS ARE THE PRIM ARY TOOLS USED TO DETERMINE A HOSPITAL'S "COMMUNITY BENEFIT" PLANS, THAT IS, HOW THE HOSPI TAL WILL ADDRESS UNMET COMMUNITY NEEDS THROUGH THE PROVISION OF COMMUNITY HEALTH SERVICES COMMUNITY BENEFIT SERVICE AREACOMPARED WITH LOS ANGELES COUNTY OVERALL, CEDARS-SINAI'S CO MMUNITY BENEFIT AREA CONTAINS A HIGHER PERCENTAGE OF FAMILIES LIVING BELOW THE POVERTY LIN E THIS MAY BE SURPRISING TO SOME, AS THEY MAY NOT BE AWARE THAT NEARBY TO CEDARS-SINAI AR E SOME OF THE REGION'S POOREST COMMUNITIES AS WELL AS SOME OF ITS WEALTHIEST CEDARS-SINAI IS LOCATED AT 8700 BEVERLY BOULEVARD, LOS ANGELES, CALIFORNIA 90048 ITS COMMUNITY BENEFIT SERVICE AREA INCLUDES LARGE PORTIONS OF LOS ANGELES COUNTY SERVICE PLANNING AREAS (SPAS) 4 (METRO), 5 (WEST) AND 6 (SOUTH), AND SMALLER PORTIONS OF SPA 2 (SAN FERNANDO), SPA 7 (E AST) AND SPA 8 (SOUTH BAY) POPULATION CHARACTERISTICS DATA SOURCE CLARITAS 2014 ESTIMATES CEDARS-SINAI COMMUNITY BENEFIT SERVICE AREA (CURRENT) THE TOTAL POPULATION FOR CEDARS-SINA I COMMUNITY BENEFIT SERVICE AREA (CURRENT) IS 1,795,400 RACETHE POPULATION CHARACTERISTICS FOR CEDARS-SINAI COMMUNITY BENEFIT SERVICE AREA (CURRENT) ARE AS FOLLOWS WHITE (46%), BL ACK/AFRICAN AMERICAN (16%), ASIAN (11%), NATIVE HAWAIIAN/PACIFIC ISLANDER (0 2%), AMERICAN INDIAN/ALASKAN NATIVE (0 7%), SOME OTHER RACE (22%), 2+ RACES (5%) ETHNICITYHISPANIC/LATIN O (42%), NOT HISPANIC/LATINO (58%)AGELESS THAN 18 YEARS (21%), 18-24 (79%), 25-64 (69%), G REATER THAN 65 YEARS (12%)GENDERFEMALE (50%), MALE (50%)SOCIOECONOMIC STATUSFAMILIES LIVIN G BELOW POVERTY LINE (19%), FAMILIES WITH CHILDREN LIVING BELOW POVERTY LINE (15%)LOS ANGE LES COUNTY (CURRENT) THE TOTAL POPULATION FOR CEDARS-SINAI COMMUNITY BENEFIT SERVICE AREA (CURRENT) IS 10,063,995 RACETHE POPULATION CHARACTERISTICS FOR CEDARS-SINAI COMMUNITY BENE FIT SERVICE AREA (CURRENT) ARE AS FOLLOWS WHITE (50%), BLACK/AFRICAN AMERICAN (8%), ASIAN (14%), NATIVE HAWAIIAN/PACIFIC ISLANDER (0 3%), AMERICAN INDIAN/ALASKAN NATIVE (0 8%), SO ME OTHER RACE (22%), 2+ RACES (5%)ETHNICITYHISPANIC/LATINO (49%), NOT HISPANIC/LATINO (51%) AGELESS THAN 18 YEARS (24%), 18-24 (76%), 25-64 (66%), GREATER THAN 65 YEARS (12%)GENDERF EMALE (49%), MALE (51%)SOCIOECONOMIC STATUSFAMILIES LIVING BELOW POVERTY LINE (14%), FAMIL IES WITH CHILDREN LIVING BELOW POVERTY LINE (11%)DATA COLLECTIONSECONDARY DATATHE COMMUNIT Y HEALTH NEEDS ASSESSMENT USES DATA SOURCES FOR THE COMMUNITY BENEFIT SERVICE AREA TO PRES ENT COMMUNITY DEMOGRAPHICS, SOCIAL AND ECONOMIC FACTORS, HEALTH ACCESS, BIRTH CHARACTERIST ICS, LEADING CAUSES OF DEATH, CHRONIC DISEASE, AND HEALTH BEHAVIORS WHEN APPLICABLE, THES E DATA SETS ARE PRESENTED IN THE CONTEXT OF LOS ANGELES COUNTY AND COMPARED TO THE HEALTHY PEOPLE 2020 OBJECTIVES PRIMARY DATA - STAKEHOLDER INTERVIEWSTARGETED INTERVIEWS WERE USE D TO GATHER INFORMATION AND OPINIONS FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL TWENTY-THREE INTERVIEWS WERE COMPLETED INTERVIEWEES IN CLUDED INDIVIDUALS WHO ARE LEADERS AND REPRESENTATIVES OF MEDICALLY UNDERSERVED, LOW-INCOM E, MINORITY AND CHRONIC DISEASE POPULATIONS ADDITIONALLY, INPUT WAS OBTAINED FROM LOS ANG ELES COUNTY DEPARTMENT OF PUBLIC HEALTH OFFICIALS BELOW IS A SUMMARY OF THE KEY FINDINGS FROM THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT (BOTH DATA AND INTERVIEWS WITH KEY COMMUNI TY STAKEHOLDERS), FOLLOWED BY RECOMMENDATIONS FOR HOW TO IMPROVE HEALTH AND REDUCE DISPARI TIES IN THE COMMUNITIES SOCIAL AND ECONOMIC FACTORS* AMONG THE RESIDENTS IN THE SPAS REPRE SENTED IN THE CEDARS-SINAI COMMUNITY BENEFIT SERVICE AREA, SPA 6 HAS THE HIGHEST POVERTY R ATES 48 9% ARE AT OR BELOW 100% OF THE FEDERAL POVERTY LEVEL (FPL) AND 74 9% ARE AT 200% OR BELOW FPL IN SPA 4, 29% OF THE POPULATION IS AT THE POVERTY LEVEL, IN SPA 5, 12 2% ARE LIVING IN POVERTY RATES OF POVERTY IN SPAS 4 AND 6 ARE HIGHER THAN FOUND IN THE COUNTY * A VIEW OF CHILDREN IN POVERTY BY SERVICE PLANNING AREA (SPA) INDICATES THAT OVER HALF (57 6%) OF CHILDREN IN SPA 6 LIVE IN POVERTY, 41 7% OF CHILDREN IN SPA 4 AND 15 7% OF CHILDRE N IN SPA 5 ARE <100% FPL POVERTY LEVELS<100% FPL SPA 4 (29 0%), SPA 5 (12 2%), SPA 6 (48 9%), LOS ANGELES COUNTY (22 7%)<200% FPL SPA 4 (51 3%), SPA 5 (20 8%), SPA 6 (74 9%), LO S ANGELES COUNTY (42 9%)SOURCE CALIFORNIA HEALTH INTERVIEW SURVEY, 2009CHILDREN IN POVERT Y, AGES 0-170-99% FPL SPA 4 (41 7%), SPA 5 (15 7%), SPA 6 (57 6%), LOS ANGELES COUNTY (29 3%) 100-199% FPL SPA 4 (24 8%), SPA 5 (9 3%), SPA 6 (24 6%), LOS ANGELES COUNTY (22 0%)20 0-299% FPL SPA 4 (14 0%), SPA 5 (7 9%), SPA 6 (11 3%), LOS ANGELES COUNTY (12 6%)300% FPL AND ABOVE SPA 4 (19 5%), SPA 5 (67 1%), SPA 6 (6 5%), LOS ANGELES COUNTY (36 1%)SOURCE CALIFORNIA HEALTH INTERVIEW SURVEY, 2009* THE MEDI

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
CEDARS-SINAI MEDICAL CENTER	AN HOUSEHOLD INCOME IN THE COMMUNITY BENEFIT SERVICE AREA IS $47,608 AND THE AVERAGE HOUSE HOLD INCOME IS $69,500 * AMONG ADULTS, AGES 25 AND OLDER, IN THE CEDARS-SINAI SERVICE ARE A, APPROXIMATELY ONE-FOURTH OF THE POPULATION (23 7%) HAVE NO HIGH SCHOOL DIPLOMA * ACCORD ING TO THE 2011 LOS ANGELES HOMELESS SERVICES AUTHORITY COUNT, SPA 4 HAD AN ANNUALIZED EST IMATE OF 11,571 HOMELESS INDIVIDUALS, SPA 5 HAD 3,512 HOMELESS INDIVIDUALS, AND SPA 6 HAD 8,735 HOMELESS HEALTH ACCESS* IN SPA 6, OVER ONE-QUARTER OF THE POPULATION (26 0%) WERE U NINSURED, 21 9% WERE UNINSURED IN SPA 4 AND 11 6% WERE UNINSURED IN SPA 5 * IN SPA 4, 39 2% OF THE POPULATION HAS EMPLOYMENT-BASED INSURANCE IN SPA 5, 50 6% HAVE EMPLOYMENT-BASED INSURANCE IN SPA 6, 22 1% HAVE EMPLOYMENT-BASED INSURANCE INSURANCE COVERAGEMEDI-CAL S PA 4 (19%), SPA 5 (5 1%), SPA 6 (35 3%), LOS ANGELES COUNTY (17 5%)HEALTHY FAMILIES SPA 4 (2 3%), SPA 5 (0 1%), SPA 6 (2 7%), LOS ANGELES COUNTY (2 0%)MEDICARE ONLY SPA 4 (1 2%), SPA 5 (0 8%), SPA 6 (1 0%), LOS ANGELES COUNTY (0 9%)MEDI-CAL/MEDICARE SPA 4 (5 1%), SPA 5 (4 1%), SPA 6 (5 7%), LOS ANGELES COUNTY (3 5%)MEDICARE & OTHERS SPA 4 (4 3%), SPA 5 (14 9%), SPA 6 (2 4%), LOS ANGELES COUNTY (6 7%)OTHER PUBLIC SPA 4 (1 7%), SPA 5 (1 7%), S PA 6 (0 8%), LOS ANGELES COUNTY (1 6%)EMPLOYMENT BASED SPA 4 (39 2%), SPA 5 (50 6%), SPA 6 (22 1%), LOS ANGELES COUNTY (44 8%)PRIVATE PURCHASE SPA 4 (5 3%), SPA 5 (11 1%), SPA 6 (3 6%), LOS ANGELES COUNTY (6 0%)NO INSURANCE SPA 4 (21 9%), SPA 5 (11 6%), SPA 6 (26 4%) , LOS ANGELES COUNTY (17 0%)SOURCE CALIFORNIA HEALTH INTERVIEW SURVEY, 2009* COMMUNITY CL INICS PROVIDE PRIMARY CARE (INCLUDING MEDICAL, DENTAL AND MENTAL HEALTH SERVICES) FOR UNIN SURED AND MEDICALLY UNDERSERVED POPULATIONS EVEN WITH COMMUNITY HEALTH CENTERS SERVING TH E COMMUNITY BENEFIT SERVICE AREA, THERE ARE A SIGNIFICANT NUMBER OF LOW-INCOME RESIDENTS W HO ARE NOT SERVED BY ONE OF THESE CLINIC PROVIDERS 577,147 LOW-INCOME RESIDENTS, APPROXIM ATELY 84 8% OF THE POPULATION AT OR BELOW 200% FPL ARE NOT SERVED BY A COMMUNITY HEALTH CE NTER * ADULTS IN THE COMMUNITY BENEFIT SERVICE AREA EXPERIENCE A NUMBER OF BARRIERS TO ACC ESSING CARE, INCLUDING COST OF CARE, LACK OF A MEDICAL HOME, LANGUAGE BARRIERS, AND LACK OF TRANSPORTATION ADULTS IN SPA 6 HAD HIGHER RATES OF BEING UNABLE TO AFFORD CARE * 12 6% OF CHILDREN IN SPA 4, 13 6% OF CHILDREN IN SPA 5 AND 15 7% OF CHILDREN IN SPA 6 HAD NEVER BEEN TO A DENTIST BIRTH CHARACTERISTICS* IN 2010, THERE WERE 23,789 BIRTHS IN THE AREA * TEEN BIRTHS OCCURRED AT A RATE OF 85 1 PER 1,000 BIRTHS (OR 8 5% OF TOTAL BIRTHS) THIS R ATE IS LOWER THAN THE COUNTY RATE OF 8 8% TEEN BIRTHS BIRTHS TO TEENAGE MOTHERS (UNDER AG E 20) BY GEOGRAPHICAL AREACEDARS-SINAI SERVICE AREA BIRTHS TO TEEN MOTHERS (2,025), LIVE BIRTHS (23,789), RATE PER 1,000 LIVE BIRTHS (85 1)LOS ANGELES COUNTY BIRTHS TO TEEN MOTHE RS (11,677), LIVE BIRTHS (132,175), RATE PER 1,000 LIVE BIRTHS (88 3)CALIFORNIA BIRTHS TO TEEN MOTHERS (43,651), LIVE BIRTHS (511,825), RATE PER 1,000 LIVE BIRTHS (85 3)SOURCE CA LIFORNIA HEALTH INTERVIEW SURVEY, 2009* PREGNANT WOMEN IN THE SERVICE AREA ENTERED PRENATA L CARE LATE - AFTER THE FIRST TRIMESTER - AT A RATE OF 133 7 PER 1,000 LIVE BIRTHS THIS R ATE OF LATE ENTRY INTO PRENATAL CARE TRANSLATES TO 86 6% OF WOMEN ENTERING PRENATAL CARE W ITHIN THE FIRST TRIMESTER THIS IS MARGINALLY BETTER THAN THE LA COUNTY RATE OF 86 2%

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
CEDARS-SINAI MEDICAL CENTER	PART V, SECTION B, LINE 1J (CONTINUED)* LOW BIRTH WEIGHT IS A NEGATIVE BIRTH INDICATOR B ABIES BORN AT A LOW BIRTH WEIGHT ARE AT HIGHER RISK FOR DISEASE, DISABILITY AND POSSIBLY D EATH FOR THIS MEASUREMENT, A LOWER RATE IS A BETTER INDICATOR THE CEDARS-SINAI SERVICE A REA RATE OF LOW BIRTH WEIGHT BABIES IS 7 9% (79 0 PER 1,000 LIVE BIRTHS) THIS IS HIGHER T HAN THE STATE RATE OF 6 8% (68 1 PER 1,000 LIVE BIRTHS) * THE INFANT (LESS THAN ONE YEAR O F AGE) MORTALITY RATE IN THE CEDARS-SINAI SERVICE AREA WAS 5 2 DEATHS PER 1,000 LIVE BIRTH S IN COMPARISON, THE INFANT DEATH RATE IN THE STATE WAS SLIGHTLY LOWER AT 4 7 DEATHS PER 1,000 LIVE BIRTHS * BREASTFEEDING RATES AT CEDARS-SINAI INDICATE 95 1% OF NEW MOTHERS USE SOME BREASTFEEDING AND 68 6% USE BREASTFEEDING EXCLUSIVELY THESE RATES ARE BETTER THAN F OUND AMONG HOSPITALS IN LA COUNTY AND THE STATE MORTALITY/CAUSES OF DEATH* THE LEADING CAU SE OF PREMATURE DEATH (BEFORE AGE 75) FOR SPAS 4 AND 5 IS HEART DISEASE FOR SPA 6 THE LEA DING CAUSE OF PREMATURE DEATH IS HOMICIDE THE THREE LEADING CAUSES OF DEATH IN THE COMMUN ITY BENEFIT SERVICE AREA ARE HEART DISEASE, CANCER AND STROKE * THE HEART DISEASE MORTALI TY RATE IN THE COMMUNITY BENEFIT SERVICE AREA IS 169 0 PER 100,000 PERSONS, WHICH DOES NOT MEET THE HEALTHY PEOPLE 2020 OBJECTIVE OF 100 8 DEATHS PER 100,000 PERSONS MORTALITY RAT ES, PER 100,000 PERSONS, 2010CEDARS-SINAI SERVICE AREA HEART DISEASE NUMBER (2,967), RAT E (169 0)CANCER NUMBER (2,500), RATE (142 40)STROKE NUMBER (563), RATE (32 1)CHRONIC LOW ER RESPIRATORY DISEASE NUMBER (408), RATE (23 2)INFLUENZA AND PNEUMONIA NUMBER (379), RA TE (21 6)UNINTENTIONAL INJURIES NUMBER (351), RATE (20 0)ALZHEIMER'S DISEASE NUMBER (343), RATE (19 5)DIABETES NUMBER (332), RATE (18 9)LIVER DISEASE NUMBER (186), RATE (10 6)S UICIDE NUMBER (150), RATE (8 5)CALIFORNIA HEART DISEASE RATE (155 7)CANCER RATE (150 6)STROKE RATE (36 4)CHRONIC LOWER RESPIRATORY DISEASE RATE (34 7)INFLUENZA AND PNEUMONIA RATE (15 7)UNINTENTIONAL INJURIES RATE (27 1)ALZHEIMER'S DISEASE RATE (29 1)DIABETES R ATE (18 9)LIVER DISEASE RATE (11 4)SUICIDE RATE (10 3)HP 2020 HEART DISEASE RATE (100 8)CANCER RATE (160 6)STROKE RATE (33 8)CHRONIC LOWER RESPIRATORY DISEASE RATE (98 5)INF LUENZA AND PNEUMONIA NO OBJECTIVEUNINTENTIONAL INJURIES RATE (36 0)ALZHEIMER'S DISEASE NO OBJECTIVEDIABETES RATE (65 8)LIVER DISEASE NO OBJECTIVESUICIDE RATE (10 2)SOURCE CA LIFORNIA DEPARTMENT OF PUBLIC HEALTH, 2010CHRONIC DISEASE* DIABETES IS A GROWING CONCERN I N THE COMMUNITY 15 8% OF ADULTS IN SPA 6 AND 8 3% IN SPAS 4 AND 5 HAVE BEEN DIAGNOSED WIT H DIABETES IN SPAS 4 AND 6 ASIANS HAVE THE HIGHEST RATES OF DIABETES AND IN SPA 5 LATINOS HAVE THE HIGHEST RATES OF DIABETES ADULT DIABETES DIAGNOSED PRE/BORDERLINE DIABETIC SPA 4 (4 6%), SPA 5 (6 5%), SPA 6 (2 9%), LOS ANGELES COUNTY (7 1%)DIAGNOSED WITH DIABETES SP A 4 (8 3%), SPA 5 (8 3%), SPA 6 (15 8%), LOS ANGELES COUNTY (10 9%)SOURCE CALIFORNIA HEAL TH INTERVIEW SURVEY, 2009* HEART DISEASE HAS BEEN DIAGNOSED AMONG 7% OF ADULTS IN SPA 4, 6 2% OF SPA 5 AND 5% OF ADULTS IN SPA 6 HAVE BEEN DIAGNOSED WITH HEART DISEASE IN SPA 4, L ATINOS (7 6%) HAVE THE HIGHEST RATE OF HEART DISEASE WHITES IN SPA 5 (8 6%) AND SPA 6 (39 3%) HAVE THE HIGHEST RATES OF BEING DIAGNOSED WITH HEART DISEASE MEN HAVE HIGHER RATES O F HEART DISEASE THAN WOMEN ADULT HEART DISEASEDIAGNOSED WITH HEART DISEASE SPA 4 (7%), SP A 5 (6 2%), SPA 6 (5 0%), LOS ANGELES COUNTY (5 8%)* HYPERTENSION (HIGH BLOOD PRESSURE) IS A HEALTH FACTOR THAT CAN NEGATIVELY IMPACT DIABETES AND HEART DISEASE IN SPA 4, 61 5% OF ADULTS HAVE BEEN DIAGNOSED WITH HIGH BLOOD PRESSURE IN SPA 5, 24 2% HAVE HIGH BP AND IN SPA 6, 34 1% OF ADULTS HAVE BEEN DIAGNOSED WITH HIGH BLOOD PRESSURE HIGH BLOOD PRESSUREDI AGNOSED WITH HIGH BLOOD PRESSURE SPA 4 (26 0%), SPA 5 (24 2%), SPA 6 (34 1%), LOS ANGELES COUNTY (27 6%)TAKES MEDICATION FOR HIGH BLOOD PRESSURE SPA 4 (61 5%), SPA 5 (83 4%), SPA 6 (63 4%) LOS ANGELES COUNTY (70 2%)* THE POPULATION DIAGNOSED WITH ASTHMA IN SPA 4 IS 11 3%, IN SPA 5 12 5% AND IN SPA 6 IS 13 5% AMONG YOUTH IN SPA 4, 11 6% HAVE BEEN DIAGNOSED WITH ASTHMA, 10 8% IN SPA 5 AND 15 7% OF YOUTH IN SPA 6 HAVE BEEN DIAGNOSED ASTHMA * THE TOP THREE AMBULATORY CARE SENSITIVE (ACS) CONDITIONS RESULTING IN HOSPITALIZATION ARE CONG ESTIVE HEART FAILURE, DIABETES AND PNEUMONIA A LOOK AT THE ER RATES FOR THE ACS CONDITION S INDICATES THAT URINARY TRACT INFECTIONS, ASTHMA AND DIABETES ARE THE TOP THREE CONDITION S PRESENTING AT THE ER HEALTH BEHAVIORS * IN SPA 5, 13 1% OF CHILDREN ARE OVERWEIGHT, 12 3 % IN SPA 4 AND 11 8% OF CHILDREN IN SPA 6 ARE OVERWEIGHT OVER ONE-THIRD OF ADULTS ARE OVE RWEIGHT IN SPA 6 (38 4%) IN SPA 4 28% AND IN SPA 5 29% OF ADULTS ARE OVERWEIGHT * ADULT OVERWEIGHT AND OBESITY BY RACE AND ETHNICITY INDICATES OVER HALF OF THE ADULT POPULATION A MONG LATINOS ARE OVERWEIGHT OR OBESE OVERWEIGHTADULT SPA 4 (28 0%), SPA 5 (29 0%), SPA 6 (38 4%), LOS ANGELES COUNTY (33 2%)TEEN SPA 4 (29

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
CEDARS-SINAI MEDICAL CENTER	3%), SPA 5 (20 8%), SPA 6 (11 3%), LOS ANGELES COUNTY (18 6%)CHILD SPA 4 (12 3%), SPA 5 (13 1%), SPA 6 (11 8%), LOS ANGELES COUNTY (12 1%)ADULT OVERWEIGHT AND OBESITY BY RACE/ETH NICITYAFRICAN AMERICAN SPA 4 (48 8%), SPA 5 (47 5%), SPA 6 (56 2%), LOS ANGELES COUNTY (6 5 0%)ASIAN SPA 4 (19 6%), SPA 5 (21 9%), SPA 6 (85 1%), LOS ANGELES COUNTY (34 9%)LATINO SPA 4 (61 9%), SPA 5 (69 8%), SPA 6 (69 9%), LOS ANGELES COUNTY (64 0%)WHITE SPA 4 (44 0 %), SPA 5 (40 3%), SPA 6 (63 7%), LOS ANGELES COUNTY (51 5%)* IN SERVICE PLANNING AREA 4, 14 8% OF CHILDREN AND TEENS CONSUME TWO OR MORE SODA OR SWEETENED DRINKS A DAY 21 3% OF C HILDREN AND TEENS IN SPA 5 AND 21 7% IN SPA 6 CONSUME TWO OR MORE SODA OR SWEETENED DRINKS A DAY * IN SPA 4 AND SPA 6 OVER HALF OF THE CHILDREN CONSUME FIVE FRUITS AND VEGETABLES I N A DAY IN SPA 5, 45 9% OF CHILDREN CONSUME FIVE SERVINGS OF FRUIT AND VEGETABLES DAILY FRESH FRUIT AND VEGETABLE CONSUMPTION DECREASES CONSIDERABLY AMONG TEENS * IN SPA 4, 50 2 % OF CHILDREN ENGAGED IN VIGOROUS PHYSICAL ACTIVITY AT LEAST THREE DAYS A WEEK IN SPA 5, 75 7% AND IN SPA 6, 61 5% OF CHILDREN ENGAGED IN VIGOROUS PHYSICAL ACTIVITY AND OVER 74% OF YOUTH VISITED A PARK, PLAYGROUND OR OPEN SPACE HOWEVER, 15 1% OF CHILDREN IN SPA 4, 6 6% IN SPA 5, AND 15 2% IN SPA 6 WERE SEDENTARY DURING THE WEEK * THE RATE OF HIV/AIDS DIA GNOSED IN 2011 HAS DECREASED FROM 2010 RATES OF DIAGNOSIS OF HIV/AIDS ARE HIGHER IN SPAS 4 AND 6 THAN FOUND IN THE COUNTY * SPA 6 HAS HIGH RATES OF CHLAMYDIA (966 9 PER 100,000 PE RSONS) AND GONORRHEA (225 7) SPA 4 HAS RATES OF PRIMARY AND SECONDARY SYPHILIS (20 9) AND EARLY LATENT SYPHILIS (31 5) FEMALES HAVE THE HIGHEST RATES OF CHLAMYDIA YOUNG ADULTS, AGES 20-24, AND BLACKS/AFRICAN AMERICANS HAVE THE HIGHEST RATES OF SEXUALLY TRANSMITTED IN FECTIONS * BEVERLY HILLS (8%) AND CULVER CITY (8 7%) HAVE LOW RATES OF SMOKING IN THE SERV ICE AREA WEST HOLLYWOOD (19 6%) HAD THE HIGHEST RATE OF SMOKING IN THE TARGET SERVICE ARE A * AMONG ADULTS, 27 8% IN SPA 4, 29 2% IN SPA5, AND 25 2% IN SPA 6 HAD ENGAGED IN BINGE D RINKING IN THE PAST YEAR IN SPA 4, LESS THAN 1% OF TEENS AND 5 6% OF TEENS IN SPA 5 HAD E NGAGED IN BINGE DRINKING * AMONG ADULTS, 10 7% IN SPA 4, 3 6% IN SPA 5, AND 14 8% IN SPA 6 EXPERIENCED SERIOUS PSYCHOLOGICAL DISTRESS IN THE PAST YEAR 19 4% OF ADULTS NEEDED HELP FOR MENTAL HEALTH PROBLEMS IN SPA 4, 16% IN SPA 5, AND 13 2% OF ADULTS IN SPA 6 NEEDED HEL P FOR MENTAL HEALTH PROBLEMS * 3 5% OF TEENS NEEDED HELP FOR MENTAL HEALTH PROBLEMS IN SPA 4, 9 7% IN SPA 5, AND 26 4% OF TEENS IN SPA 6 NEEDED HELP FOR MENTAL HEALTH PROBLEMS MEN TAL HEALTH INDICATORS, TEENS TEENS WHO NEEDED HELP FOR EMOTIONAL-MENTAL AND/OR ALCOHOL-DRU G ISSUES IN PAST YEAR SPA 4 (3 5%), SPA 5 (9 7%), SPA 6 (26 4%), LOS ANGELES COUNTY (15 3 %)TEENS RECEIVED PSYCHOLOGICAL/EMOTIONAL COUNSELING IN PAST YEAR SPA 4 (5 7%), SPA 5 (23 4%), SPA 6 (4 3%), LOS ANGELES COUNTY (7 5%)SOURCE CALIFORNIA HEALTH INTERVIEW SURVEY, 20 09* OVER HALF THE ADULTS IN SPA 4 (52 6%) AND IN SPA 6 (56 4%), AND 41 2% OF ADULTS IN SPA 5 WHO NEEDED HELP FOR AN EMOTIONAL OR MENTAL HEALTH PROBLEM DID NOT RECEIVE TREATMENT * A MONG SENIORS, 42 9% IN SPA 6, 62 6% IN SPA 4, AND 72% IN SPA 5 HAD RECEIVED A FLU SHOT OV ER HALF THE SENIORS IN SPA 4 (54 6%), SPA 5 (71 5% AND SPA 6 (51 1%) HAD OBTAINED A PNEUMO NIA VACCINE FLU VACCINERECEIVED FLU VACCINE, 65+ YEARS OLD SPA 4 (62 6%), SPA 5 (73 0%), SPA 6 (42 9%), LOS ANGELES COUNTY (63 8%)RECEIVED FLU VACCINE, 18-64 SPA 4 (18 5%), SPA 5 (34 3%), SPA 6 (25 3%), LOS ANGELES COUNTY (27 3%)RECEIVED FLU VACCINE, 0-17 YEARS OLD S PA 4 (48 8%), SPA 5 (47 6%), SPA 6 (42 3%), LOS ANGELES COUNTY (45 4%)SOURCE CALIFORNIA H EALTH INTERVIEW SURVEY, 2009

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
CEDARS-SINAI MEDICAL CENTER	PART V, SECTION B, LINE 1J (CONTINUED)* THE HEALTHY PEOPLE 2020 OBJECTIVE FOR MAMMOGRAMS IS THAT 81 1% OF WOMEN 40+YEARS HAVE A MAMMOGRAM IN THE PAST TWO YEARS IN SPA 4, 68 5% O F WOMEN HAVE HAD A MAMMOGRAM, 78 5% IN SPA 5, AND 72% OF WOMEN, AGE 40+, HAD A MAMMOGRAM I N SPA 6 * THE HEALTHY PEOPLE 2020 OBJECTIVE FOR PAP SMEARS IN THE PAST THREE YEARS IS 93% IN SPA 4, 84 6% OF WOMEN HAD A PAP SMEAR, IN SPA 5, 87 3% AND IN SPA 6, 88 3% OF WOMEN HA VE HAD A PAP SMEAR IN THE PAST THREE YEARS * THE HEALTHY PEOPLE 2020 OBJECTIVE FOR COLORE CTAL CANCER SCREENING IS 70 5% SPA 4 (73 1%) AND SPA 5 (81 3%) EXCEED THIS SCREENING OBJE CTIVE WITH 67 1% OF ADULTS OBTAINING COLORECTAL SCREENING, SPA 6 HAS A RATE LESS THAN THE HEALTHY PEOPLE 2020 OBJECTIVE COMMUNITY STAKEHOLDER INTERVIEWS MANY OF THE ISSUES OF GRE ATEST CONCERN TO THE INTERVIEWEES STEM FROM THE IMPACT OF THE ECONOMIC DOWNTURN AND ECONOM IC INSECURITY* LACK OF MONEY/POVERTY* HOUSING COSTS* UNEMPLOYMENT AND UNDEREMPLOYMENT* LAC K OF HEALTH INSURANCE AND DIFFICULTY ACCESSING HEALTH CARE* HIGH STRESS LEVELS, DEPRESSION AND HOPELESSNESS* LACK OF ACCESS TO QUALITY EDUCATION* INCREASES IN SUBSTANCE ABUSE AND D OMESTIC VIOLENCE* TRANSPORTATION CHALLENGESPEOPLE WHO FACE ECONOMIC INSECURITY OFTEN LIVE IN NEIGHBORHOODS WHERE THE ENVIRONMENT DOES NOT SUPPORT HEALTHY LIFESTYLE CHOICES THIS RE SULTS IN * LACK OF ACCESS TO HEALTHY, AFFORDABLE FOOD (I E , FOOD DESERTS)* "UBIQUITOUS PR ESENCE" OF FAST FOOD OUTLETS, CORNER STORES AND UNREGULATED VENDORS THAT SELL JUNK FOOD AN D DO NOT OFFER HEALTHY OPTIONS * LACK OF ACCESS TO SAFE RECREATIONAL OPPORTUNITIES AND PHY SICAL ACTIVITIES, INCLUDING PARKSIN ADDITION, THE FOLLOWING PUBLIC HEALTH PROBLEMS WERE ID ENTIFIED AS CONCERNS * HEPATITIS B, PARTICULARLY IN THE KOREAN POPULATION* HIV/AIDS* CHRON IC DISEASES, SUCH AS DIABETES AND HEART DISEASE, AND INCREASED INCIDENCE OF STROKE AND HEA RT PROBLEMS AMONG AFRICAN AMERICANS AND LATINOS* OBESITY, AMONG CHILDREN AND ADULTS* SEXUA LLY TRANSMITTED INFECTIONS AND SEX EDUCATION * ALCOHOL AND TOBACCO USE, PARTICULARLY AMONG YOUTH* DENTAL CARE* VIOLENCEOTHER IMPORTANT ISSUES OF CONCERN IDENTIFIED BY THE INTERVIEW EES INCLUDED * ACCESS TO QUALITY, AFFORDABLE PRIMARY AND SPECIALTY CARE DUE TO LACK OF HEA LTH CARE SERVICE PROVIDERS* COORDINATION OF SERVICES* IMMIGRATION ISSUES - SUCH AS LIMITED ABILITY TO SPEAK ENGLISH AND CULTURAL ISOLATION* ISSUES RELATED TO BEING UNDOCUMENTED - S UCH AS FEARS OF DEPORTATION AND FEARS OF SEEKING SERVICES* HOMELESSNESS* DIFFICULTY AMONG OLDER ADULTS AND IMMIGRANT POPULATIONS IN UNDERSTANDING AND NAVIGATING HEALTH CARE OPTIONS AND SYSTEMS* ISSUES FOR OLDER ADULTS RELATED TO MOBILITY/TRANSPORTATION AND PLANNING FOR CARE* CONCERN WITHIN THE LATINO COMMUNITY THAT A LARGE PROPORTION OF THE COMMUNITY HAS A L OWER EDUCATION STATUS, WHICH IN TURN RESULTS IN REDUCED ACCESS TO HIGH-PAYING JOBS (AND HE ALTH INSURANCE) AS WELL AS HIGHER POVERTY AND GREATER LIKELIHOOD OF LIVING IN NEIGHBORHOOD S WITH ENVIRONMENTS THAT DO NOT PROMOTE HEALTH, INCREASING THE RISKS FOR VIOLENCE, OBESITY , ALCOHOL USE AND CHRONIC DISEASE A NUMBER OF RECOMMENDATIONS WERE MADE TO IMPROVE HEALTH AND REDUCE DISPARITIES IN THE COMMUNITIES SERVED BY CEDARS-SINAI * REDUCE HEALTH DISPARITI ES AMONG ETHNIC COMMUNITIES, PARTICULARLY AMONG THE LATINO, KOREAN AND AFRICAN AMERICAN PO PULATIONS* INCREASE THE NUMBER AND/OR CAPACITY OF PRIMARY CARE CLINICS TO MEET THE NEED/DE MAND FOR SERVICES* PROVIDE RESOURCES FOR CASE MANAGEMENT TO SUPPORT PATIENT COMPLIANCE WIT H PROVIDER RECOMMENDATIONS FOR CHRONIC DISEASE MANAGEMENT* ADDRESS THE SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH - SUCH AS EDUCATION, JOBS AND HOUSING - AS THESE HAVE AS GREAT AN IMPACT ON OVERALL HEALTH STATUS AND ACCESS TO HEALTH SERVICES* FOCUS ON HEALTHY LIVING AND OBESITY PREVENTION THROUGH ADVOCACY AND POLICY THAT INCREASES ACCESS TO AFFORDABLE, FRESH FRUITS AND VEGETABLES (AND REDUCES ACCESS TO FAST FOOD, SODA AND OTHER JUNK FOOD), AND TO SAFE PLACES FOR PHYSICAL ACTIVITY * ASSURE THERE ARE REFERRALS AND FOLLOW-UP RESOURCES FO R CONDITIONS DETECTED THROUGH SCREENINGS (E G , BREAST HEALTH CONCERNS, HIGH BLOOD PRESSUR E, HIGH BLOOD SUGAR LEVELS)* AFFORDABLE MENTAL HEALTH SERVICES NEED TO BE INCREASED, NOT R EDUCED* A COORDINATED, COUNTYWIDE FIGHT AGAINST DIABETES IS NEEDED* FOSTER COLLABORATIONS AS A WAY TO SHARE INFORMATION ACROSS ORGANIZATIONS AND REDUCE UNNECESSARY DUPLICATIONS* AS SESS AND ADDRESS HEALTH DISPARITIES AMONG OLDER POPULATIONSIDENTIFICATION AND PRIORITIZATI ON OF HEALTH NEEDSBASED ON THE RESULTS OF THE PRIMARY AND SECONDARY DATA COLLECTION, AND T HE EXAMINATION OF AMBULATORY CARE SENSITIVE CONDITIONS, HEALTH NEEDS WERE IDENTIFIED EACH HEALTH NEED WAS CONFIRMED BY MORE THAN ONE INDICATOR OR DATA SOURCE (I E , THE HEALTH NEE D WAS SUGGESTED BY MORE THAN ONE SOURCE OF SECONDARY OR PRIMARY DATA) IN ADDITION, THE HE ALTH NEEDS WERE BASED ON THE SIZE OF THE PROBLEM (NUMBER OF PEOPLE PER 1,000, 10,000, OR 1 00,000 POPULATION), OR THE SERIOUSNESS OF THE PROB

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
CEDARS-SINAI MEDICAL CENTER	LEM (IMPACT AT INDIVIDUAL, FAMILY, AND COMMUNITY LEVELS) TO DETERMINE SIZE OR SERIOUSNESS OF A PROBLEM, THE HEALTH NEED INDICATORS IDENTIFIED IN THE SECONDARY DATA WERE MEASURED A GAINST BENCHMARK DATA, SPECIFICALLY CALIFORNIA STATE RATES OR HEALTHY PEOPLE 2020 OBJECTIV ES INDICATORS RELATED TO THE HEALTH NEEDS THAT PERFORMED POORLY AGAINST THESE BENCHMARKS WERE CONSIDERED TO HAVE MET THE SIZE OR SERIOUSNESS CRITERIA ADDITIONALLY, PRIMARY DATA S OURCES WERE ASKED TO IDENTIFY COMMUNITY AND HEALTH ISSUES BASED ON THE PERCEIVED SIZE OR S ERIOUSNESS OF A PROBLEM THE IDENTIFIED HEALTH NEEDS IN ALPHABETICAL ORDER ACCESS TO CARE* DENTAL CARE* INSURANCE COVERAGE* MEDICATIONS* MENTAL HEALTH* PRIMARY CARE * SPECIALTY CAR E* TRANSPORTATIONCHRONIC DISEASE* ASTHMA* CANCER* CARDIOVASCULAR DISEASE* DIABETES* MEDICA TIONS* OVERWEIGHT AND OBESITY HEALTHY FOOD CHOICES* OVERWEIGHT AND OBESITY PHYSICAL ACTI VITY* PREVENTIVE CARE AND ONGOING MONITORINGHEALTH BEHAVIORS* ALCOHOL USE* HEALTH EDUCATIO N* PREVENTIVE CARE (PAP SMEARS, MAMMOGRAMS, VACCINES)* SEXUALLY TRANSMITTED DISEASES* SMOK INGPRIORITIZATION PROCESS PRIORITY SETTING IS A REQUIRED STEP IN THE COMMUNITY BENEFIT PLA NNING PROCESS THE IRS REGULATIONS INDICATE THAT THE COMMUNITY HEALTH NEEDS ASSESSMENT MUS T PROVIDE A PRIORITIZED DESCRIPTION OF THE COMMUNITY HEALTH NEEDS IDENTIFIED THROUGH THE C HNA, AND INCLUDE A DESCRIPTION OF THE PROCESS AND CRITERIA USED IN PRIORITIZING THE HEALTH NEEDS CEDARS-SINAI COMPLETED THE FOLLOWING STEPS TO PRIORITIZE HEALTH NEEDS THAT EMERGED AS A RESULT OF THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) CEDARS-SINAI ENGAGED BIEL CON SULTING, TO LEAD THE CHNA EFFORT THE CHNA RESULTS INTEGRATED SECONDARY DATA OBTAINED FROM NUMEROUS DATA SOURCES, AS WELL AS PRIMARY DATA COLLECTED THROUGH A SERIES OF INTERVIEWS O N COMMUNITY HEALTH NEEDS THE CHNA DATA COLLECTION AND ANALYSIS OCCURRED FROM JULY TO OCTO BER 2012 THE PRELIMINARY CHNA RESULTS WERE PRESENTED TO THE COMMUNITY BENEFIT COMMITTEE, A COMMITTEE OF THE BOARD OF DIRECTORS, IN NOVEMBER, 2012 THE COMMUNITY BENEFIT COMMITTEE PROVIDED FEEDBACK ON THE PRELIMINARY ANALYSIS THE CEDARS-SINAI COMMUNITY BENEFIT ADVISORY GROUP, MADE UP OF CEDARS-SINAI MANAGEMENT AND EXECUTIVES ACROSS DISCIPLINES, MET IN FEBRU ARY, 2013 TO REVIEW THE CHNA RESULTS AND COMMUNITY HEALTH NEEDS THE COMMUNITY BENEFIT ADV ISORY GROUP PRIORITIZED HEALTH NEEDS RANKING EACH HEALTH NEED - LOW, MEDIUM OR HIGH - FOR ALL THE IDENTIFIED CRITERIA PRIORITY SETTING CRITERIA* CURRENT AREA OF COMMUNITY BENEFIT FOCUS CEDARS-SINAI HAS ACKNOWLEDGED COMPETENCIES AND EXPERTISE TO ADDRESS THE HEALTH NEED , AND THE HEALTH NEED FITS WITH THE ORGANIZATIONAL MISSION * ESTABLISHED RELATIONSHIPS CE DARS-SINAI HAS ESTABLISHED RELATIONSHIPS WITH COMMUNITY PARTNERS TO ADDRESS THE HEALTH NEE D * ORGANIZATIONAL CAPACITY CEDARS-SINAI HAS THE CAPACITY TO ADDRESS THE HEALTH NEED BAS ED ON THESE CRITERIA, HEALTH NEEDS THAT OBTAINED HIGH RANKINGS ON ANY OF THE CRITERIA WERE IDENTIFIED AS COMMUNITY BENEFIT PRIORITY AREAS

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
CEDARS-SINAI MEDICAL CENTER	PART V, SECTION B, LINE 1J (CONTINUED)THE PRIORITIZED HEALTH NEEDS WERE PRESENTED TO THE COMMUNITY BENEFIT COMMITTEE IN FEBRUARY, 2012 FOR REVIEW AND APPROVAL TIME WAS ALLOTTED TO INCORPORATE FEEDBACK ON THE PRIORITIZED NEEDS THE APPROVED PRIORITIZED HEALTH NEEDS ARE PRIORITIZED HEALTH NEEDS1 PRIORITIZED BY AREAS OF HIGHEST NEED IN CEDARS-SINAI'S SERVICE AREA, WITH A PARTICULAR FOCUS ON SERVICE PLANNING AREAS 4 AND 6 (INCLUDING ZIP CODES THAT MAY BE SLIGHTLY OUTSIDE OUR SERVICE AREA), THESE PLANNING AREAS INCLUDE DIVERSE, LOW-INCOME COMMUNITIES WHERE THERE ARE MORE UNINSURED ADULTS AND CHILDREN AND GREATER HEALTH CHALLENGES THAN IN OTHER PARTS OF LOS ANGELES WE ALSO FOCUS ON HIGH-NEED POPULATIONS CLOSER TO CEDARS-SINAI 2 SELECTED COMMUNITY BENEFIT EFFORTS ARE FOCUSED ON INCREASING AND SUPPORTING ACCESS TO HEALTH CARE SERVICES THROUGH DIRECT PROGRAMS AND PARTNERSHIPS WITH LOCAL COMMUNITY-BASED ORGANIZATIONS PRIMARY CARESPECIALTY CAREMENTAL HEALTHPREVENTIVE CAREHEALTH EDUCATION3 SELECTED COMMUNITY BENEFIT EFFORTS FOCUSED ON THE PREVENTION OF KEY CHRONIC HEALTH CONDITIONS AND THEIR UNDERLYING RISK FACTORS CARDIOVASCULAR DISEASEDIABETESCANCEROVERWEIGHT/OBESITY HEALTHY FOOD CHOICES AND PHYSICAL ACTIVITYPREVENTIVE CAREHEALTH EDUCATIONTHE CHNA, THE PRIORITIZED HEALTH NEEDS AND CEDARS-SINAI'S IMPLEMENTATION STRATEGY WERE PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL IN MAY, 2013 TIME WAS ALLOTTED FOR INCORPORATING FEEDBACK FOR ALL DOCUMENTS

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
CEDARS-SINAI MEDICAL CENTER	PART V, SECTION B, LINE 3 TARGETED INTERVIEWS WERE USED TO GATHER INFORMATION AND OPINIONS FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL TWENTY-THREE INTERVIEWS WERE COMPLETED DURING JULY THROUGH SEPTEMBER, 2012 FOR THE INTERVIEWS, COMMUNITY STAKEHOLDERS IDENTIFIED BY CEDARS-SINAI WERE CONTACTED AND ASKED TO PARTICIPATE IN THE NEEDS ASSESSMENT INTERVIEWEES INCLUDED INDIVIDUALS WHO ARE LEADERS AND REPRESENTATIVES OF MEDICALLY UNDERSERVED, LOW-INCOME, MINORITY AND CHRONIC DISEASE POPULATIONS, OR REGIONAL, STATE OR LOCAL HEALTH OR OTHER DEPARTMENTS OR AGENCIES THAT HAVE "CURRENT DATA OR OTHER INFORMATION RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY " INPUT WAS OBTAINED FROM LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH OFFICIALS * THE DIRECTOR OF THE DIVISION OF CHRONIC DISEASE AND INJURY PREVENTION AT THE LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH WHO IS ALSO AN ADJUNCT PROFESSOR, DEPARTMENT OF EPIDEMIOLOGY, UCLA SCHOOL OF PUBLIC HEALTH * THE AREA HEALTH OFFICER FOR THE LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH, SERVICE PLANNING AREA 6 WHO PRIOR TO JOINING THE LA COUNTY DEPARTMENT OF HEALTH SERVICES WAS AN EPIDEMIC INTELLIGENCE SERVICE OFFICER FOR THE CENTER FOR DISEASE CONTROL * THE AREA HEALTH OFFICER FOR THE LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH, SERVICE PLANNING AREA 4 SCHEDULE H, PART V, SECTION B, LINE 5A THE CHNA AND THE IMPLEMENTATION STRATEGY ARE POSTED ON THE HOSPITAL'S WEBSITE WWW CEDARS-SINAI EDU/COMMUNITY-BENEFIT/COMMUNITY-NEEDS-ASSESSMENT AND ARE AVAILABLE UPON REQUEST

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
CEDARS-SINAI MEDICAL CENTER	PART V, SECTION B, LINE 7 THE PRIORITY HEALTH NEEDS IDENTIFIED WERE DETERMINED THROUGH A DATA COLLECTION, ANALYSIS AND PRIORITIZATION PROCESS DUE TO THE SHEER QUANTITY AND SCOPE OF ALL OF THE COMMUNITY'S HEALTH NEEDS IDENTIFIED, IT IS CRUCIAL THAT THERE BE PRIORITIZATION TO ENSURE THAT THE COMMUNITY BENEFIT INITIATIVES UNDERTAKEN ARE EFFECTIVE IN IMPROVING THE HEALTH OF THE COMMUNITIES THE PRIORITIZATION CRITERIA INCLUDE GEOGRAPHY (TO FOCUS ON THOSE SPAS IN GREATEST NEED), EXISTING RELATIONSHIPS WITH COMMUNITY PARTNER ORGANIZATIONS AND ORGANIZATIONAL CAPACITY IN LINE WITH CEDARS-SINAI'S MISSION TO IMPROVE THE HEALTH OF THE COMMUNITY, CEDARS-SINAI IS ALSO ENGAGING IN COMMUNITY BENEFIT PROGRAM EVALUATIONS TO ENSURE MAXIMUM IMPACT OF CEDARS-SINAI'S SIGNATURE COMMUNITY BENEFIT STRATEGIES THE NUMEROUS AND DIVERSE PROGRAMS, PARTNERSHIPS AND STRATEGIES PRIORITIZED HIGHEST, BASED ON THE IDENTIFIED CRITERIA, WERE SELECTED IN ORDER TO MAXIMIZE EFFECTIVENESS IN ADDRESSING HEALTH NEEDS IN UNDERSERVED COMMUNITIES SERVED BY CEDARS-SINAI IN ANY PRIORITIZATION TO MAXIMIZE EFFECTIVENESS, THERE WILL BE SOME AREAS THAT DO NOT MEET AS MANY OF THE CRITERIA OF THE PRIORITY AREAS, AND THUS MAY NOT BE ADDRESSED IN THE IMPLEMENTATION THIS IS NOT INTENDED TO MINIMIZE THE IMPORTANCE OF THOSE HEALTH NEEDS, IT IS A REALITY OF HAVING A STRATEGIC FOCUS ON EFFECTIVENESS TO IMPROVE COMMUNITY HEALTH THE HEALTH NEEDS THAT WERE IDENTIFIED IN THE CHNA BUT NOT PRIORITIZED FOR 2013-2016 WERE MEDICATIONS, HEALTHCARE INSURANCE OUTREACH AND ENROLLMENT, DENTAL CARE, ASTHMA, ALCOHOL AND DRUG USE, TRANSPORTATION, SMOKING AND SEXUALLY TRANSMITTED DISEASES ALTHOUGH ALL OF THESE AREAS REPRESENT IMPORTANT COMMUNITY HEALTH NEEDS, THEY WERE PRIORITIZED LOWER BECAUSE THEY MET FEWER OF THE CRITERIA (E G , EXISTING RELATIONSHIPS WITH COMMUNITY PARTNER ORGANIZATIONS, ORGANIZATIONAL CAPACITY)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
CEDARS-SINAI MEDICAL CENTER	PART V, SECTION B, LINE 14G SINCE THE MEDICAL CENTER'S POLICY (INCLUDING ATTACHMENTS) IS A 40+ PAGE DOCUMENT, IT IS NOT DISTRIBUTED TO PATIENTS IN ITS ENTIRETY THE MEDICAL CENTER OFFERS A VARIETY OF FINANCIAL ASSISTANCE PROGRAMS FOR PATIENTS, ALONG WITH TELEPHONE NUMBERS TO CALL THE INFORMATION IS POSTED IN THE EMERGENCY DEPARTMENT, THE ADMITTING DEPARTMENT AND CENTRALIZED AND DECENTRALIZED REGISTRATION AREAS INFORMATION REGARDING THE POLICY IS DISTRIBUTED TO PATIENTS DURING THE ADMISSION OR REGISTRATION PROCESS IT IS ALSO INCLUDED ON OUR BILLING STATEMENTS THE POLICY, INCLUDING ALL ATTACHMENTS, IS AVAILABLE FOR REVIEW ON THE WEBSITE OF THE OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT (OSHPD) AT WWW OSHPD CA GOV/ THE MEDICAL CENTER ALSO ATTEMPTS TO LINK THOSE PATIENTS WHO ARE POTENTIALLY ELIGIBLE FOR FINANCIAL ASSISTANCE TO GOVERNMENT PROGRAMS

>

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135076505

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," to 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*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CEDARS-SINAI MEDICAL CENTER

Employer identification number
95-1644600

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? . . . ☐ Yes ☑ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 74

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 6

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

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

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

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION CONSISTENTLY CONTRIBUTES TO WELL-ESTABLISHED EXEMPT ORGANIZATIONS AND RELIES ON THE GOVERNING BODY OF EACH OF THESE ORGANIZATIONS TO ENSURE THAT GRANT FUNDS DONATED TO EACH AND EVERY ORGANIZATION ARE USED FOR PROPER PURPOSES AND NOT OTHERWISE DIVERTED FROM THE INTENDED USE

Additional Data

Software ID:
Software Version:
EIN: 95-1644600
Name: CEDARS-SINAI MEDICAL CENTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMANECER COMMUNITY COUNSELING SERVICE A NON-PROFIT CORPORATION 1200 WILSHIRE BLVD STE 500 LOS ANGELES,CA 90017	95-3076578	501(C)(3)	35,000				COMMUNITY MENTAL HEALTH GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN ACADEMY OF NURSING 1000 VERMONT AVENUE NW NO 910 WASHINGTON, DC 20005	52-2213870	501(C)(3)	20,566				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN CANCER SOCIETY INC NATIONAL HOME OFFICE 250 WILLIAMS STREET NW ATLANTA,GA 30303	13-1788491	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN COLLEGE OF MEDICAL GENETICS FOUNDATION 7220 WISCONSIN AVENUE SUITE 300 BETHESDA,MD 20814	52-1841165	501(C)(3)	12,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN LIVER FOUNDATION 39 BROADWAY SUITE 2700 NEW YORK, NY 10006	36-2883000	501(C)(3)	16,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN ORGANIZATION OF NURSE EXECUTIVES 155 NORTH WACKER DRIVE CHICAGO,IL 60606	36-3591337	501(C)(6)	20,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN SOCIETY OF HEALTH ECONOMISTS 725 15TH STREET NW WASHINGTON,DC 20005	26-4526340	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ANTI - DEFAMATION LEAGUE 605 THIRD AVENUE NEW YORK, NY 10158	13-1818723	501(C)(3)	17,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ASSOCIATES FOR BREAST & PROSTATE CANCER STUDIES 24100 CALABASAS ROAD CALABASAS,CA 91302	95-4246971	501(C)(3)	5,950				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ASSOCIATION OF CALIFORNIA NURSE LEADERS 2520 VENTURE OAKS WAY SUITE 210 SACRAMENTO,CA 95834	94-2910850	501(C)(3)	15,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BEIT T'SHUVAH 8831 VENICE BLVD LOS ANGELES,CA 90034	77-0152646	501(C)(3)	25,000				COMMUNITY MENTAL HEALTH GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BEVERLY HILLS FIREMENS ASSOCIATION PO BOX 1720 BEVERLY HILLS,CA 90213	95-3173205	501(C)(5)	6,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BEVERLY HILLS POLICE OFFICERS BENEVOLENT FUND 464 N REXFORD DR BEVERLY HILLS,CA 90210	95-4584633	501(C)(3)	7,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BIKUR CHOLIM 8489 WEST THIRD STREET LOS ANGELES,CA 90048	95-4521980	501(C)(3)	6,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BNAI BRITH 2020 K ST NW 7TH FLOOR WASHINGTON, DC 20006	53-0179971	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CALIFORNIA HEALTHCARE INSTITUTE 888 PROSPECT STREET NO 220 LA JOLLA,CA 92037	94-3174767	501(C)(6)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CALIFORNIA HEART CENTER FOUNDATION 8536 WILSHIRE BLVD 3RD FLOOR BEVERLY HILLS,CA 90211	95-4772979	501(C)(3)	1,343,273				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CALIFORNIA INSTITUTE FOR NURSING & HEALTH CARE PO BOX 70007 OAKLAND,CA 94612	82-0570413	501(C)(3)	50,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CALIFORNIA NURSING STUDENTS' ASSOCIATION 2520 VENTURE OAKS WAY SUITE 210 SACRAMENTO,CA 95833	94-6104412	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CARE HARBOR 5855 GREEN VALLEY CIRCLE SUITE 204 CULVER CITY,CA 90230	27-2984870	501(C)(3)	25,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CEDARS-SINAI MEDICAL CARE FOUNDATION 200 N ROBERTSON BLVD 101 BEVERLY HILLS,CA 90211	95-4457756	501(C)(3)	51,738,967				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTER FOR THE STUDY OF YOUNG PEOPLE IN GROUPS PO BOX 48750 LOS ANGELES,CA 90048	95-3760982	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHILDREN'S INSTITUTE INC 2121 W TEMPLE STREET LOS ANGELES,CA 90026	95-1641424	501(C)(3)	25,000				COMMUNITY MENTAL HEALTH GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CLINICA MSR OSCAR A ROMERO 123 S ALVARADO ST LOS ANGELES,CA 90057	95-3881333	501(C)(3)	25,000				COMMUNITY MENTAL HEALTH GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COLLABORATIVE ALLIANCE FOR NURSING OUTCOMES (CALNOC) 2410 CAMINO RAMON SUITE 360 SAN RAMON,CA 94583	27-3440795	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY PARTNERS 1000 NORTH ALAMEDA STREET NO 240 LOS ANGELES,CA 90012	95-4302067	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DIDI HIRSCH PSYCHIATRIC SERVICE 4760 S SEPULVEDA BLVD CULVER CITY,CA 90230	95-1816023	501(C)(3)	25,000				COMMUNITY MENTAL HEALTH GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ECONOMIC DEVELOPMENT CORPORATION OF LOS ANGELES COUNTY 444 SOUTH FLOWER STREET 37TH FLOOR LOS ANGELES,CA 90071	95-3643339	501(C)(3)	27,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EISNER PEDIATRIC & FAMILY MEDICAL CENTER 1530 SOUTH OLIVE STREET LOS ANGELES,CA 90015	95-1690966	501(C)(3)	18,750				COMMUNITY MENTAL HEALTH GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EMANUEL CENTER INC 8844 BURTON WAY BEVERLY HILLS,CA 90211	95-1696713	501(C)(3)	5,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FRANK W JOBE FOUNDATION 326 SOUTH STATE STREET LOS ANGELES,CA 90033	95-4615202	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FRIENDS OF NATIONAL INSTITUTE OF NURSING RESEARCH 47595 WATKINS ISLAND SQUARE STERLING,VA 20165	52-1832014	501(C)(3)	7,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HEALTH RESEARCH AND EDUCATIONAL TRUST 155 NORTH WACKER DRIVE CHICAGO,IL 60606	36-2203931	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HEARTVIEW GLOBAL FOUNDATION 15260 VENTURA BLVD SHERMAN OAKS, CA 91403	45-3984075	501(C)(3)	5,750				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HEBREW UNION COLLEGE - JEWISH INSTITUTE OF RELIGION 3101 CLIFTON AVE 3RD FLOOR CINCINNATI,OH 45220	31-0537067	501(C)(3)	105,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOMELESS HEALTH CARE LOS ANGELES 2410 BEVERLY BLVD LOS ANGELES,CA 90057	95-4074970	501(C)(3)	25,000				COMMUNITY MENTAL HEALTH GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOSPITAL ASSOCIATION OF SOUTHERN CALIFORNIA 515 SOUTH FIGUEROA NO 1300 LOS ANGELES,CA 90071	95-1519378	501(C)(6)	8,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JEWISH FAMILY SERVICE OF LOS ANGELES 3580 WILSHIRE BLVD NO 700 LOS ANGELES,CA 90010	95-1691013	501(C)(3)	75,000				COMMUNITY MENTAL HEALTH GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JEWISH VOCATIONAL SERVICE 6505 WILSHIRE BLVD SUITE 200 LOS ANGELES,CA 90048	95-1691012	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KOREAN AMERICAN FAMILY SERVICES INC 3727 WEST 6TH STREET LOS ANGELES,CA 90020	95-3899329	501(C)(3)	35,000				COMMUNITY MENTAL HEALTH GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LOS ANGELES AREA CHAMBER OF COMMERCE 350 SOUTH BIXEL ST LOS ANGELES,CA 90017	95-0947860	501(C)(6)	8,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LOS ANGELES BUSINESS COUNCIL 2029 CENTURY PARK EAST SUITE 1240 LOS ANGELES,CA 90067	95-1366460	501(C)(6)	13,900				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LOS ANGELES FIRE DEPARTMENT FOUNDATION 1875 CENTURY PARK EAST SUITE 200 LOS ANGELES,CA 90067	27-2007326	501(C)(3)	196,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE LOS ANGELES GAY AND LESBIAN COMMUNITY SERVICES CENTER 1625 NORTH SCHRADER BLVD LOS ANGELES,CA 90028	95-3567895	501(C)(3)	35,000				COMMUNITY MENTAL HEALTH GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MARCH OF DIMES FOUNDATION 1275 MAMARONECK AVE WHITE PLAINS,NY 10605	13-1846366	501(C)(3)	50,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MARTIN LUTHER KING JR COMMUNITY HEALTH FOUNDATION 555 S FLOWER STREET SUITE 2710 LOS ANGELES,CA 90071	45-4433505	501(C)(3)	25,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MEXICAN AMERICAN BAR FOUNDATION PO BOX 862127 LOS ANGELES,CA 90086	95-4358513	501(C)(3)	40,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MOTION PICTURE AND TELEVISION FUND 23388 MULHOLLAND DRIVE WOODLAND HILLS,CA 91364	95-1652916	501(C)(3)	20,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NATIONAL BLACK NURSES ASSOCIATION INC 8630 FENTON STREET SUITE 300 SILVER SPRING, MD 20910	23-7194995	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NATIONAL CENTER FOR HEALTHCARE LEADERSHIP 1700 W VAN BUREN NO 126B CHICAGO,IL 60612	36-4483505	501(C)(3)	25,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NATIONAL HEALTH FOUNDATION 515 SOUTH FIGUEROA NO 1300 LOS ANGELES,CA 90071	23-7314808	501(C)(3)	75,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NATIONAL HISPANIC HEALTH FOUNDATION 1920 L STREET NW SUITE 700 WASHINGTON, DC 20036	26-0051902	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OCEAN PARK COMMUNITY CENTER 1453 16TH ST SANTA MONICA,CA 90404	95-6143865	501(C)(3)	25,000				COMMUNITY MENTAL HEALTH GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ONELEGACY FOUNDATION 221 SOUTH FIGUEROA STREET STE 500 LOS ANGELES,CA 90012	45-2936915	501(C)(3)	9,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PANCREATIC CANCER ACTION NETWORK 1500 ROSECRANS AVENUE NO 200 MANHATTAN BEACH,CA 90266	33-0841281	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PARA LOS NINOS 500 LUCAS AVENUE LOS ANGELES,CA 90017	95-3443276	501(C)(3)	25,000				COMMUNITY MENTAL HEALTH GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PARTNERS IN CARE FOUNDATION INC 732 MOTT STREET SAN FERNANDO,CA 91340	95-3954057	501(C)(3)	11,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PATIENT CARE FOUNDATION OF LOS ANGELES COUNTY 707 WILSHIRE BLVD LOS ANGELES,CA 90017	26-2974477	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PHASE ONE - THE ROAD TO CURING CANCER 256 26TH ST NO 201 SANTA MONICA,CA 90402	91-2129319	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PUBLIC HEALTH INSTITUTE 555 12TH STREET 10TH FLOOR OAKLAND,CA 94607	94-1646278	501(C)(3)	25,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RAND CORPORATION 1776 MAIN STREET PO BOX 2138 SANTA MONICA,CA 90407	95-1958142	501(C)(3)	30,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOUTHERN CALIFORNIA COUNSELING CENTER 5615 W PICO BLVD LOS ANGELES,CA 90019	95-2430665	501(C)(3)	25,000				COMMUNITY MENTAL HEALTH GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE ACHIEVABLE FOUNDATION 5901 GREEN VALLEY CIRCLE NO 320 CULVER CITY,CA 90230	95-4552419	501(C)(3)	25,000				COMMUNITY MENTAL HEALTH GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE ALS ASSOCIATION GOLDEN WEST CHAPTER PO BOX 565 AGOURA HILLS,CA 91376	95-4163338	501(C)(3)	8,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE FASHION FOOTWEAR CHARITABLE FOUNDATION OF NEW YORK INC 274 MADISON AVENUE NEW YORK, NY 10016	13-4112482	501(C)(3)	50,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE HEART FOUNDATION 31822 VILLAGE CENTER RD SUITE 208 WESTLAKE VILLAGE,CA 91361	45-0471117	501(C)(3)	25,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE HELPING HAND OF LOS ANGELES INC 8700 BEVERLY BLVD LOS ANGELES,CA 90048	95-1831107	501(C)(3)	9,525				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE LOS ANGELES FREE CLINIC DBA THE SABAN FREE CLINIC 8405 BEVERLY BOULEVARD LOS ANGELES,CA 90048	95-2539105	501(C)(3)	212,500				COMMUNITY MENTAL HEALTH GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE MAPLE COUNSELING CENTER 9107 WILSHIRE BOULEVARD LOWER LEVEL LEVEL BEVERLY HILLS,CA 90210	95-2753118	501(C)(3)	50,000				COMMUNITY MENTAL HEALTH GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE OVARIAN CANCER RESEARCH FUND INC FOURTEEN PENNSYLVANIA PLAZA NO 1710 NEW YORK, NY 10122	13-3806788	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TOWER CANCER RESEARCH FOUNDATION 9090 WILSHIRE BOULEVARD SUITE 350 BEVERLY HILLS,CA 90211	95-4596354	501(C)(3)	12,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNION RESCUE MISSION 545 SOUTH SAN PEDRO STREET LOS ANGELES,CA 90013	95-1709293	501(C)(3)	25,000				COMMUNITY MENTAL HEALTH GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY INC 1150 S OLIVE STREET SUITE T500 LOS ANGELES,CA 90015	95-2274801	501(C)(3)	100,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY GARDENS LOS ANGELES,CA 90089	95-1642394	501(C)(3)	45,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VENICE FAMILY CLINIC 604 ROSE AVENUE VENICE,CA 90291	95-2769432	501(C)(3)	25,000				COMMUNITY MENTAL HEALTH GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VISTA DEL MAR CHILD AND FAMILY SERVICES 3200 MOTOR AVE LOS ANGELES,CA 90034	95-1647832	501(C)(3)	25,000				COMMUNITY MENTAL HEALTH GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WISE & HEALTHY AGING 1527 FOURTH ST NO 250 SANTA MONICA,CA 90401	95-2788014	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WOMEN'S GUILD CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD ROOM 2416 LOS ANGELES,CA 90048	95-6097903	501(C)(3)	32,400				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YESHIVAT CHOVEVEI TORAH RABBINICAL SCHOOL LTD 3700 HENRY HUDSON PARKWAY 2ND FLOOR NEW YORK, NY 10463	13-4159739	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF GREATER LOS ANGELES 1020 S OLIVE STREET 7TH FLOOR LOS ANGELES,CA 90015	95-1652919	501(C)(3)	35,000				COMMUNITY MENTAL HEALTH GRANT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135076505

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CEDARS-SINAI MEDICAL CENTER

Employer identification number
95-1644600

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
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	**1b**	Yes	
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?	**2**	Yes	
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			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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
PART I, LINE 1A	THE ORGANIZATION'S TRAVEL POLICY CONTAINS A PROVISION THAT ALLOWS FLYING FIRST CLASS FOR ANY ONE-WAY FLIGHT THAT IS LONGER THAN EIGHT HOURS EXCEPTIONS REQUIRE SENIOR EXECUTIVE APPROVAL THE OFFICERS, DIRECTORS, KEY EMPLOYEES AND HIGHEST-COMPENSATED EMPLOYEES HAVE, FROM TIME TO TIME, FLOWN FIRST CLASS AS ALLOWED BY THE TRAVEL POLICY THE ORGANIZATION ALLOWS FOR TRAVEL FOR COMPANIONS WHEN THERE IS A VALID BUSINESS PURPOSE
PART I, LINE 4B	THERE ARE TWO NONQUALIFIED DEFERRED COMPENSATION PLANS IN WHICH ONE OR MORE OF THE LISTED PERSONS PARTICIPATE THE FIRST PLAN IS A DEFERRED COMPENSATION PLAN THIS IS A "GRANDFATHERED" TRADITIONAL DEFINED BENEFIT PLAN (NO NEW PARTICIPANTS HAVE BEEN ADDED SINCE 1986) THE BENEFIT FORMULA IS A PERCENTAGE OF THE HIGHEST FIVE YEARS AVERAGE ANNUAL SALARY TIMES THE NUMBER OF YEARS OF ELIGIBLE SERVICE, WITH A MAXIMUM CREDITED SERVICE OF 30 YEARS THE SECOND PLAN IS A SUPPLEMENTAL RETIREMENT ALLOWANCE THAT IS PAYABLE DIRECTLY TO THE PARTICIPANTS EACH QUARTER THE BENEFIT FORMULA FOR THIS PLAN HAS ANNUAL CONTRIBUTIONS THAT ARE EITHER A PERCENTAGE OF SALARY, OR ARE DESIGNED TO FUND A PERCENTAGE OF THE ESTIMATED FINAL 5-YEAR AVERAGE SALARY CERTAIN INDIVIDUALS ALSO RECEIVED PAYOUTS FROM AMOUNTS ACCRUED IN PRIOR YEARS IN ADDITION, THREE INDIVIDUALS HAD A RETENTION INCENTIVE WHICH HAD A CLIFF VESTING DATE IN 2013 THE FOLLOWING OFFICERS, DIRECTORS, KEY EMPLOYEES AND HIGHEST-COMPENSATED EMPLOYEES RECEIVED PAYMENTS DURING THE YEAR ENDED DECEMBER 31, 2013 RELATED TO THE PLANS REFERENCED ABOVE THESE PAYMENTS ARE INCLUDED IN SCHEDULE J, PART II AND ARE NOT INCREMENTAL PAYMENTS MICHAEL ALEXANDER, MD 37,332 KEITH BLACK, MD 418,350 ILANA CASS, MD 18,698 MARK GAVENS 123,138 BRUCE GEWERTZ, MD 176,640 RICHARD JACOBS 829,174 SCOTT KARLAN, MD 14,812 ANDREW KLEIN, MD 48,813 RAJENDRA MAKKAR, MD 245,592 EDUARDO MARBAN, MD 188,640 SHLOMO MELMED, MD 765,367 ZAB MOSENIFAR, MD 22,648 THOMAS M PRISELAC 1,466,978 EDWARD PRUNCHUNAS 216,642 RICHARD RIGGS, MD 7,752 PAUL SILKA, MD 27,895

Additional Data

Software ID:
Software Version:
EIN: 95-1644600
Name: CEDARS-SINAI MEDICAL CENTER

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
THOMAS M PRISELAC PRESIDENT/CEO	(I)	1,272,357	933,423	1,542,486	859,150	28,766	4,636,182	1,127,366
	(II)	0	0	0	0	0	0	0
MICHAEL ALEXANDER MD BOARD MEMBER/STAFF PHYS	(I)	625,627	128,032	111,628	17,850	52,613	935,750	0
	(II)	0	0	0	0	0	0	0
ILANA CASS MD BOARD MEMBER/STAFF PHYS	(I)	375,751	52,105	32,457	25,083	42,318	527,714	0
	(II)	0	0	0	0	0	0	0
SCOTT KARLAN MD BOARD MEMBER/STAFF PHYS	(I)	325,940	38,787	28,148	21,675	8,678	423,228	0
	(II)	0	0	0	0	0	0	0
ANDREW KLEIN MD BOARD MEMBER/STAFF PHYS	(I)	848,889	140,062	78,896	77,080	43,873	1,188,800	0
	(II)	0	0	0	0	0	0	0
ZAB MOSENIFAR MD BOARD MEMBER/STAFF PHYS	(I)	565,094	114,117	69,885	175,650	29,567	954,313	0
	(II)	0	0	0	0	0	0	0
RICHARD RIGGS MD BOARD MEMBER/STAFF PHYS	(I)	418,658	97,770	8,320	28,050	23,319	576,117	0
	(II)	0	0	0	0	0	0	0
PAUL SILKA MD BOARD MEMBER/STAFF PHYS	(I)	400,192	65,400	49,500	57,413	40,627	613,132	0
	(II)	0	0	0	0	0	0	0
EDWARD PRUNCHUNAS CHIEF FINANCIAL OFFICER	(I)	672,181	311,157	280,362	263,057	30,060	1,556,817	0
	(II)	0	0	0	0	0	0	0
MARK GAVENS CHIEF OPERATING OFFICER	(I)	751,560	327,599	171,299	89,507	41,239	1,381,204	0
	(II)	0	0	0	0	0	0	0
SHLOMO MELMED MD CHIEF ACADEMIC OFFICER	(I)	864,066	369,111	799,102	280,150	25,904	2,338,333	475,395
	(II)	0	0	0	0	0	0	0
KEITH BLACK MD CHAIRMAN-NEUROSURGERY	(I)	1,801,554	351,925	521,674	20,400	43,349	2,738,902	0
	(II)	0	0	0	0	0	0	0
RAJENDRA MAKKAR MD DIRECTOR - INTERVENTIONAL	(I)	992,170	902,583	245,840	35,700	43,341	2,219,634	0
	(II)	0	0	0	0	0	0	0
EDUARDO MARBAN MD DIRECTOR - HEART INSTITUTE	(I)	1,272,722	267,589	377,951	167,850	39,342	2,125,454	0
	(II)	0	0	0	0	0	0	0
BRUCE GEWERTZ MD CHAIRMAN-DEPT OF SURGERY	(I)	1,230,656	270,714	253,762	97,424	30,775	1,883,331	0
	(II)	0	0	0	0	0	0	0
RICHARD JACOBS SYSTEM DEVELOPMENT	(I)	550,082	267,319	879,899	146,335	18,005	1,861,640	475,395
	(II)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135076505

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CEDARS-SINAI MEDICAL CENTER

Employer identification number
95-1644600

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828	13033LVK0	12-21-2011	163,357,091	REFUND 1997A AND 1997B BONDS - ISSUE DATES 9/15/97, 10/1/97		X		X		X
B	CA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828	13033LDG9	10-21-2009	541,045,288	NEW FAC CONST & PRIOR CAP EXP REIMB		X		X		X
C	CA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828	13033FXJ4	08-10-2005	538,366,821	REFUND 1993 CERT, 1999 BONDS & COI - ISSUE DATES 9/14/93, 11/4/99		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	22,885,000	78,225,000	50,315,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	163,357,091	541,611,264	538,397,437	
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds		46,022,336		
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds			3,740,661	
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		495,588,928		
11	Other spent proceeds	163,357,091		534,656,776	
12	Other unspent proceeds				
13	Year of substantial completion	2012	2013	2005	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X	X			
15	Were the bonds issued as part of an advance refunding issue?		X		X	X			
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?	X							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %						
6	Total of lines 4 and 5		0 %						
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K SUPPLENTAL INFORMATION	ISSUE B, PART II, LINE 3 THE TOTAL PROCEEDS REPORTED IS THE SUM OF THE ISSUE PRICE REPORTED ON PART I, COLUMN E PLUS THE CUMULATIVE INVESTMENT EARNINGS AS OF THE END OF THE TAX YEAR ISSUE C, PART II, LINE 3 THE TOTAL PROCEEDS REPORTED IS THE SUM OF THE ISSUE PRICE REPORTED ON PART I, COLUMN E PLUS THE CUMULATIVE INVESTMENT EARNINGS AS OF THE END OF THE TAX YEAR ISSUE A, PART IV, QUESTION 2C THE MOST RECENT REBATE COMPUTATION FOR THE BONDS WAS COMPLETED THROUGH 3/21/2014 ISSUE B, PART IV, QUESTION 2C THE MOST RECENT REBATE COMPUTATION FOR THE BONDS WAS COMPLETED THROUGH 9/11/2014 ISSUE C, PART IV, QUESTION 2C THE MOST RECENT REBATE COMPUTATION FOR THE BONDS WAS COMPLETED THROUGH 2/22/2011

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135076505

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CEDARS-SINAI MEDICAL CENTER

Employer identification number
95-1644600

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) 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? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total		▶ $				4,282,362						

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 95-1644600
Name: CEDARS-SINAI MEDICAL CENTER

Form 990, Schedule L, Part II - Loans to and from Interested Persons

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) M ALEXANDER	BRD MEM	HOUSING LOAN		X	350,000	105,000		No	Yes		Yes	
(2) M GAVENS	KEY EMP	HOUSING LOAN		X	350,000	35,000		No	Yes		Yes	
(3) B GEWERTZ MD	HC EMP	HOUSING LOAN		X	500,000	100,000		No	Yes		Yes	
(4) A KLEIN MD	BRD MEM	HOUSING LOAN		X	250,000	25,000		No	Yes		Yes	
(5) E MARBAN MD	HC EMP	HOUSING LOAN		X	1,250,000	675,000		No	Yes		Yes	
(6) E MARBAN MD	HC EMP	LOAN ADVANCE		X	500,000	400,000		No	Yes		Yes	
(7) G MELMED MD	FAMILY	HOUSING LOAN		X	150,000	135,000		No	Yes		Yes	
(8) VAR INTERESTED PERSONS	OFF,BRD MEM, HC	INS PREMIUMS		X	2,598,616	2,598,616		No	Yes		Yes	
(9) S KAR MD	FAMILY	INS PREMIUMS		X	208,746	208,746		No	Yes		Yes	

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) GIL MELMED MD	PART V NARRATIVE - FAMILY MEMBER OF DR SHLOMO MELMED, A KEY EMPLOYEE	422,865	PART V NARRATIVE - COMPENSATION FOR SERVICES		No
(2) SAIBAL KAR MD	PART V NARRATIVE - FAMILY MEMBER OF DR SHEILA KAR, A BOARD MEMBER	615,789	PART V NARRATIVE - COMPENSATION FOR SERVICES		No
(3) BARBARA LEANSE	PART V NARRATIVE - FAMILY MEMBER OF THOMAS J LEANSE, A BOARD MEMBER	377,616	PART V NARRATIVE - COMPENSATION FOR SERVICES		No
(4) TALYA WALDMAN	PART V NARRATIVE - FAMILY MEMBER OF DR SHLOMO MELMED, A KEY EMPLOYEE	62,177	PART V NARRATIVE - COMPENSATION FOR SERVICES		No
(5) ERIKA PRUNCHUNAS	PART V NARRATIVE - FAMILY MEMBER OF EDWARD PRUNCHUNAS, AN OFFICER	67,077	PART V NARRATIVE - COMPENSATION FOR SERVICES		No
(6) BETH KARLAN	PART V NARRATIVE - FAMILY MEMBER OF SCOTT KARLAN, A BOARD MEMBER	558,087	PART V NARRATIVE - COMPENSATION FOR SERVICES		No
(7) FIRST PACIFIC ADVISORS LLC	PART V NARRATIVE - LLC MORE THAN 5% OWNED BY STEVEN ROMICK, A BOARD MEMBER	1,610,540	PART V NARRATIVE - INVESTMENT MANAGEMENT FEES		No
(8) TCWMETWEST	PART V NARRATIVE - CORP WHOSE CEO IS A FAMILY MEMBER OF JAMES LIPPMAN, BM	143,820	PART V NARRATIVE - INVESTMENT MANAGEMENT FEES		No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135076505

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶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.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CEDARS-SINAI MEDICAL CENTER

Employer identification number
95-1644600

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	X	41	0	
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles	X	1	0	
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	22	3,253,677	SEE SCH M, PART II
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				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29** 5

			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?	30a		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?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
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
PART I, COLUMN (B)	FOR PURPOSES OF SCHEDULE M, PART I, CEDARS-SINAI MEDICAL CENTER IS REPORTING THE NUMBERS OF ITEMS RECEIVED FOR LINES 1, 6 AND 9 WITH RESPECT TO ART-WORKS OF ART, CARS AND OTHER VEHICLES, AND SECURITIES-PUBLICLY TRADED
PART I, LINE 33	WORKS OF ART - THE ORGANIZATION HAS ELECTED, AS PERMITTED UNDER ACCOUNTING STANDARDS CODIFICATION 958, NOT TO REPORT ON ITS STATEMENT OF ACTIVITIES AND BALANCE SHEET, WORKS OF ART HELD FOR PUBLIC EXHIBITION PART I, LINE 6 CARS AND OTHER VEHICLES - IT IS THE ORGANIZATION'S PRACTICE NOT TO REPORT ON ITS STATEMENT OF ACTIVITIES THE AMOUNT OF THE DONATED VEHICLE SINCE THE DONATED VEHICLE WAS THE PRIZE IN AN OPPORTUNITY DRAWING AND THE DONATION REVENUE LESS THE EXPENSE NETS TO ZERO SCHEDULE M, PART I, LINE 9, COLUMN (D) METHOD OF DETERMINING REVENUE RELATED TO CONTRIBUTED SECURITIES - CALCULATION IS BASED ON THE MEAN BETWEEN HIGH AND LOW QUOTATIONS ON THE DATE THE SECURITIES PASS UNCONDITIONALLY FROM DONOR CONTROL TO THE ORGANIZATION

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135076505

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CEDARS-SINAI MEDICAL CENTER

Employer identification number
95-1644600

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE ORGANIZATION'S FORM 990 UNDERGOES AN INTENSE AND HIGHLY COMPREHENSIVE REVIEW PROCESS THE REVIEW INVOLVES VARIOUS MANAGEMENT PERSONNEL AND A BIG FOUR ACCOUNTING FIRM A MULTI-LEVEL REVIEW IS PERFORMED WITHIN THE FINANCE DEPARTMENT INCLUDING REVIEW BY THE VICE-PRESIDENT AND CHIEF FINANCIAL OFFICER ADDITIONALLY, THE COMPENSATION INFORMATION IS REVIEWED BY THE SENIOR VICE-PRESIDENT OF HUMAN RESOURCES AND THE COMPENSATION COMMITTEE, A COMMITTEE OF BOARD MEMBERS ASSIGNED THIS TASK BY THE CHAIRMAN OF THE BOARD THE FORM 990 IS THEN PRESENTED AT A BOARD OF DIRECTORS' MEETING ALLOWING THE ENTIRE BOARD THE OPPORTUNITY TO REVIEW AND DISCUSS THE INFORMATION REPORTED

Return Reference	Explanation	
	FORM 990, PART VI, SECTION B, LINE 12C	THE CEDARS-SINAI MEDICAL CENTER (CSMC) CONFLICT OF INTEREST POLICY IS A BOARD-APPROVED POL ICY CONFLICT OF INTEREST OVERSIGHT THEREBY EXTENDS TO THE BOARD OF DIRECTORS CONFLICT RE PORTING IS REQUIRED THROUGH THE OFFICE OF THE PRESIDENT/CEO WHO REPORTS TO THE BOARD ON CO I-RELATED MATTERS THROUGH THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS MONITORING PRACTI CES REGULAR AND CONSISTENT MONITORING IS DELEGATED BY THE PRESIDENT/CEO TO THE DIRECTOR O F INTERNAL AUDIT/CONFLICT OF INTEREST (COI) ADMINISTRATOR AND THE CONFLICT OF INTEREST STE ERING COMMITTEE. ADDITIONAL MONITORING AND ENFORCEMENT OF CONFLICTS OF INTEREST IS HANDLED THROUGH RESEARCH ADMINISTRATION AND THE INSTITUTIONAL REVIEW BOARDS (IRB) IN SUPPORT OF C OMPLIANCE WITH THE CONFLICT OF INTEREST REQUIREMENTS OF THE NATIONAL INSTITUTES OF HEALTH FOR SPECIFIC RESEARCH PROTOCOLS MECHANISMS ARE IN PLACE TO PROVIDE FOR COLLABORATION BETW EEN COI ADMINISTRATION AND RESEARCH ADMINISTRATION ADDITIONALLY, HOSPITAL-BASED PHYSICIAN S COI MATTERS ARE HANDLED BY THE APPLICABLE HOSPITAL-BASED PHYSICIAN CHAIRMEN AND COORDINA TION ALSO OCCURS WHERE NECESSARY (SUCH AS WITH THE MEDICAL STAFF OFFICE FOR PHYSICIANS HOL DING MEDICAL STAFF COMMITTEE APPOINTMENTS) WHERE CONFLICTS ARE IDENTIFIED THAT REQUIRE EI THER FORMAL OR INFORMAL MONITORING, RELATED ROUTINE OR PERIODIC MONITORING IN THESE INSTAN CES IS SET AT THE DEPARTMENT CHAIRPERSON OR VICE PRESIDENTIAL LEVEL, WITH ANNUAL OR OTHER FOLLOW-UP BY THE COI STEERING COMMITTEE, IRB, OR COI ADMINISTRATOR AS DEEMED APPLICABLE. C OVERED INDIVIDUALS UNDER THE CONFLICT OF INTEREST POLICY, "COVERED INDIVIDUALS" REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE INCLUDE. MEMBERS OF TH E BOARD OF DIRECTORS AND COMMITTEES OF THE BOARD, THE PRESIDENT/CEO, SENIOR EXECUTIVES (DI RECT REPORTS TO THE CEO), MEMBERS OF THE COI STEERING COMMITTEE, MEMBERS OF THE FACULTY, M EMBERS OF THE MEDICAL STAFF WITH ADMINISTRATIVE RESPONSIBILITIES, MEMBERS OF MEDICAL STAFF COMMITTEES, RESEARCH INVESTIGATORS, AND OTHER INDIVIDUALS IDENTIFIED BY THE BOARD OR EXEC UTIVE LEADERSHIP WHILE ALL EMPLOYEES ARE REQUIRED BY POLICY TO DISCLOSE POTENTIAL CONFLIC TS TO THEIR SUPERVISORS WHEN THEY ARISE, THE NOTED COVERED INDIVIDUALS ARE REQUIRED TO COM PLETE FORMAL ANNUAL DISCLOSURE USING A PRESCRIBED QUESTIONNAIRE. MORE FREQUENT DISCLOSURE IS REQUIRED AS WARRANTED BY ACTIVITIES UNDERTAKEN BETWEEN ANNUAL DISCLOSURES THE DISCLOSU RE POLICY EXTENDS TO FAMILY MEMBERS OF COVERED INDIVIDUALS AS THEY MAY DIRECTLY OR INDIREC TLY GIVE RISE TO CONFLICTS OF INTEREST COI, DETERMINATION, AND REVIEW ACTION LEVELS ALL CONFLICT OF INTEREST QUESTIONNAIRES ARE ACCUMULATED IN A WEB-BASED DATABASE REFERRED TO AS THE COI SYSTEM THIS DATABASE INCLUDES COVERED INDIVIDUAL DISCLOSURES, RELATED DOCUMENTS AND REVIEW COMMENTS, CONCLUSIONS AND ACTIONS ALL QUESTIONNAIRES ARE ANALYZED AND ALL DISC LOSURES MADE ARE REVIEWED FOR VALIDITY, COMPLETENESS AND THE PRESENCE OF A REAL OR PERCEIV ED CONFLICT OF INTEREST AS STRUCTURED, CONFLICTS OF INTEREST ARE ANALYZED, REVIEWED, MONI TORED AND ENFORCED THROUGH TWO PRIMARY WORKFLOWS REPORTING UP TO THE PRESIDENT/CEO TO ENSU RE SEGREGATION OF ACCESS, REVIEW AND ANALYSIS WHERE ALL DISCLOSURES ARE REVIEWED FIRST BY COI ADMINISTRATION AND THEN (1) BOARD, EXECUTIVE AND COI STEERING COMMITTEE MEMBERS ARE V ETTED THROUGH GENERAL COUNSEL, AND (2) ALL OTHER INDIVIDUALS REQUIRED TO SUBMIT ANNUAL CON FLICT OF INTEREST DISCLOSURE QUESTIONNAIRES ARE VETTED THROUGH THE COI STEERING COMMITTEE. ALL MEMBERS OF THE BOARD OF DIRECTORS, COMMITTEES OF THE BOARD OF DIRECTORS, CEO, CEO DIR ECT REPORTS AND MEMBERS OF THE COI STEERING COMMITTEE ARE REVIEWED BY THE COI ADMINISTRATO R AND GENERAL COUNSEL, WITH REPORTING DIRECTLY THROUGH THE CEO AND THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS CERTAIN ENFORCEMENT ACTIONS ARE HANDLED AT THE CEO LEVEL BUT WITH REPORTING TO THE BOARD THROUGH THE AUDIT COMMITTEE, AND, CERTAIN ENFORCEMENT ACTIONS ARE D ETERMINED BY THE AUDIT COMMITTEE WITH REPORTING AND/OR RECOMMENDATION TO THE BOARD THE CO I STEERING COMMITTEE IS AN ADVISORY COMMITTEE TO THE PRESIDENT AND CEO ON A VARIETY OF COI MATTERS INCLUDING THE MONITORING AND ENFORCEMENT OF COMPLIANCE WITH THE COI POLICY, COI P OLICY DEVELOPMENT AND MAINTENANCE, AND OTHER COI RELATED MATTERS A SUB-GROUP OF THE COMMI TTEE REVIEWS MATTERS IDENTIFIED BY COI ADMINISTRATION AS REQUIRING ADDITIONAL REVIEW AND A CTION THIS GROUP CLOSES OR MOVES THE MATTERS UP TO THE COI STEERING COMMITTEE LEVEL FOR R EVIEW AND ACTION REGARDLESS OF THE MONITORING AND ENFORCEMENT PATH, DISCLOSURES ARE CONCL UDED IN ONE OF THE FOLLOWING MANNERS -- NO CONFLICT EXISTS, -- MANAGED BY DISCLOSURE, -- MANAGED (BY SOME ACTION), -- MANAGED BY PLAN (FORMAL PLAN WITH FOLLOW-UP), -- MANAGED BY P LAN IRB (FORMAL PLAN IS DEVELOPED AND MANAGED BY RESEARCH ADMINISTRATION FOR CLINICAL TRI AL RELATED MATTERS), -- MANAGED BY SEPARATION (FROM EITHER THEIR APPLICABLE CSMC ROLE OR T HE ACTIVITY CREATING THE CONFLICT), -- CONFLICT (A

Return Reference	Explanation	
	FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT THAT MUST BE REPORTED FOR CEO/BOARD LEVEL ACTION) ACTUAL OR POTENTIAL CONFLICTS CONCLUDED TO BE "MANAGED" ARE DEEMED TO BE INSIGNIFICANT, ADDRESSED DURING THE INITIAL EM PLOYMENT PROCESS AND IF CIRCUMSTANCES HAVE NOT CHANGED, APPROVED BY THE APPROPRIATE MANAGE MENT OR ACTION HAS BEEN IMPLEMENTED TO ENSURE THE IDENTIFIED CONFLICT IS SUFFICIENTLY MITI GATED WHEN THERE IS A CONFLICT FOR WHICH SOME REASONABLE ACTION CANNOT OR WILL NOT BE TAK EN TO MITIGATE IT, THE MATTER IS REPORTED TO THE CEO, THE AUDIT COMMITTEE AND EVENTUALLY T HE BOARD, AS APPROPRIATE, FOR DETERMINATION OF THE ACTION TO BE TAKEN ADDITIONALLY, PROAC TIVE PROCESSES HAVE BEEN IMPLEMENTED TO SUPPORT THE DISCLOSURE, IDENTIFICATION, REVIEW AND ANALYSIS PROCESS FOR EXAMPLE, FORMAL RECUSAL IS DISCUSSED AND REQUIRED OF ALL BOARD AND BOARD COMMITTEE MEMBERS AND MEDICAL STAFF COMMITTEE MEMBERS (INCLUDING MEMBERS OF THE PERF ORMANCE IMPROVEMENT COMMITTEE) AS PART OF THEIR APPOINTMENT RESPONSIBILITIES THIS POLICY IS REVIEWED AT THE FIRST MEETING OF THE BOARD, EACH BOARD COMMITTEE AND EACH MEDICAL STAFF COMMITTEE AT THE BEGINNING OF RELATED ANNUAL CYCLES RESTRICTIONS IMPOSED ANY ONE IN VIOL ATION OF THE POLICY IS SUBJECT TO THE FOLLOWING ADMINISTRATIVE ACTIONS INCLUDING ORAL ADMO NISHMENT, WRITTEN REPRIMAND, DISCIPLINE, REASSIGNMENT, DEMOTION, SUSPENSION, REMOVAL, TERM INATION OR SEPARATION THE MEDICAL CENTER RESERVES THE RIGHT TO PURSUE OTHER ACTIONS AGAIN ST ANY ONE WHO VIOLATES THE COI POLICY TO THE DETRIMENT OF THE MEDICAL CENTER IN THIS REGA RD, VARIOUS MECHANISMS ARE IN PLACE WITH REGARD TO ACTIONS TAKEN OR RESTRICTIONS IMPOSED WHEN AN INDIVIDUAL IS DETERMINED TO BE INVOLVED IN A CONFLICTED RELATIONSHIP OR ACTIVITY, ONE OR MORE OF THE FOLLOWING ACTIONS ARE TAKEN (1) THE INDIVIDUAL CEASES AND DESISTS THE ACTIVITY/RELATIONSHIP CREATING THE CONFLICT, OR (2) THE INDIVIDUAL ENDS THEIR APPLICABLE R ELATIONSHIP WITH CSMC, OR (3) IF RELATIVE TO AN INDIVIDUAL'S ROLE IN A DECISION MAKING PRO CESS, THE INDIVIDUAL WOULD BE ASKED TO RECUSE HIMSELF/HERSELF OR BE RECUSED FROM APPLICABL E DECISION-MAKING PROCESSES (4) DEPENDING ON THE PRESENTED FACTS, A MANAGEMENT PLAN MAY B E PUT IN PLACE TO OVERSEE THE INDIVIDUAL TO ENSURE PERTINENT ACTIONS ARE TAKEN TO MITIGATE THE CONFLICT (E.G , AN OUTSIDE IRB IS USED OR INDEPENDENT RESEARCH INVESTIGATOR IS USED T O OVERSEE A RESEARCH PROJECT, SPECIFIC DISCLOSURES ARE REQUIRED IN CME PRESENTATIONS, DIRE CT OVERSIGHT IS REQUIRED OF DEPARTMENT CHAIRS, ETC) THE MANAGEMENT PLAN WOULD BE CENTRAL LY (MEDICAL CENTER ADMINISTRATION) CONTROLLED OR LOCALLY CONTROLLED (DEPARTMENT VP OR CHAI R) DEPENDING UPON THE NATURE OF THE RELATIONSHIP ASSURANCES WOULD BE SECURED THAT MANAGEM ENT IS AWARE OF CERTAIN RELATIONSHIPS THAT MIGHT BE PERCEIVED AS A CONFLICT SO THEY ARE ON NOTICE SHOULD ANY THING ARISE SUGGESTING THE POTENTIAL CONFLICT IS MORE OF AN ISSUE OR SHO ULD THE RELATIONSHIP/ACTION EVOLVE INTO A MORE SIGNIFICANT MATTER OTHER ACTIONS ARE TAKEN DEPENDING UPON THE NATURE OF THE RELATIONSHIPS/ACTIVITIES

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE PERSONNEL COMMITTEE (THE COMMITTEE) IS A STANDING COMMITTEE OF THE BOARD OF DIRECTORS THE COMMITTEE ADDRESSES COMPENSATION AND BENEFITS REGARDING THE MEDICAL CENTER'S EXECUTIVE EMPLOYEES AND CONTRACTUALLY ENGAGED FACULTY (ALL COMPENSATED INDIVIDUALS REPORTED ON PART VII AND SCHEDULE J FALL UNDER ONE OF THESE TWO CATEGORIES), AND IS AUTHORIZED BY THE BOARD OF DIRECTORS TO ACT ON BEHALF OF THE BOARD WITH RESPECT TO SUCH ISSUES, AND OTHER GOVERNANCE ISSUES AS REQUESTED BY THE BOARD OF DIRECTORS, THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, THE CHAIR OF THE BOARD OF DIRECTORS, OR THE CEO, ALL SUBJECT TO THE COMMITTEE'S ONGOING REPORTING OBLIGATION TO THE BOARD OF DIRECTORS OR THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS SPECIFICALLY, THE COMMITTEE EVALUATES THE PERFORMANCE AND APPROVES THE COMPENSATION AND BENEFITS FOR THE MEDICAL CENTER'S PRESIDENT AND CHIEF EXECUTIVE OFFICER, AND APPROVES THE COMPENSATION AND BENEFIT PLANS FOR EXECUTIVES AND THE MEDICAL CENTER'S CONTRACTUALLY ENGAGED FACULTY THE COMMITTEE ALSO REVIEWS AND APPROVES THE CEO'S EXECUTION OF THOSE PLANS WITHIN ESTABLISHED PARAMETERS, TAKING INTO CONSIDERATION THE PERFORMANCE OF THE ORGANIZATION AS A WHOLE, AND ADDRESSES SUCH OTHER COMPENSATION ISSUES REGARDING THE MEDICAL CENTER'S EXECUTIVES AND CONTRACTUALLY ENGAGED FACULTY AS REQUESTED BY THE BOARD OF DIRECTORS THE MEMBERS OF THE COMMITTEE ARE APPOINTED ANNUALLY BY THE CHAIR OF THE BOARD OF DIRECTORS APPOINTMENTS ARE FOR A ONE YEAR TERM MEMBERS OF THE COMMITTEE ARE INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS OR LIFE TRUSTEES, WITH NO EXISTING CONFLICTS OF INTEREST WITHIN THE PRIOR FIVE (5) YEARS RELATED TO THE MEDICAL CENTER'S CEO, EXECUTIVES OR CONTRACTUALLY ENGAGED FACULTY WHOSE COMPENSATION AND BENEFITS AND RELATED BENEFIT PLANS ARE REVIEWED AND APPROVED BY THE COMMITTEE. INDEPENDENCE OF DIRECTORS AND LIFE TRUSTEES ARE DETERMINED BY STANDARDS ADOPTED BY THE INTERNAL REVENUE SERVICE. THE CEO IS A NON-VOTING MEMBER OF THE COMMITTEE AND WILL BE INVITED TO ATTEND ITS MEETINGS, UNLESS OTHERWISE DETERMINED BY THE COMMITTEE. WHENEVER THE COMMITTEE DISCUSSES THE CEO'S COMPENSATION AND BENEFITS OR ANY COMPENSATION AND BENEFIT PLAN IN WHICH THE CEO PARTICIPATES, THE CEO WILL BE IN ATTENDANCE ONLY TO THE EXTENT REQUESTED BY THE COMMITTEE. THE CEO WILL BE EXCUSED PRIOR TO THE COMMITTEE'S DECISION MAKING THE COMMITTEE FOLLOWS A PROCESS THAT ENSURES THAT THE COMPENSATION AND BENEFITS PROVIDED TO THE CEO, OTHER EXECUTIVES AND CONTRACTUALLY ENGAGED FACULTY IS REASONABLE AND IN COMPLIANCE WITH APPLICABLE LAWS AND REGULATIONS THE MEDICAL CENTER'S SVP OF HR PROVIDES STAFF SUPPORT TO THE COMMITTEE. THE COMMITTEE MAY INCLUDE MEMBERS OF THE MEDICAL CENTER'S MANAGEMENT TEAM OR ANY OTHER PERSON WHOSE PRESENCE THE COMMITTEE BELIEVES TO BE DESIRABLE OR APPROPRIATE. THE COMMITTEE MAY ENGAGE AN INDEPENDENT COMPENSATION AND BENEFITS CONSULTANT, AND ANY OTHER ADVISORS THEY DEEM NECESSARY THE COMMITTEE MAY ALSO ENGAGE INDEPENDENT COUNSEL THE MEDICAL CENTER WILL PROVIDE FOR APPROPRIATE FUNDING FOR PAYMENT OF COSTS TO ANY SUCH PERSONS RETAINED BY THE COMMITTEE. AT THE COMMITTEE'S DIRECTION, THE INDEPENDENT COMPENSATION CONSULTANT SHALL PREPARE SUCH REPORTS AS THE COMMITTEE REASONABLY DEEMS NECESSARY AT A MINIMUM, SUCH REPORTS WILL INCLUDE MARKET SURVEY DATA FROM A PEER GROUP DESIGNATED BY THE COMMITTEE, WHICH SHALL BE CONSIDERED BY THE COMMITTEE PRIOR TO MAKING DECISIONS THE COMMITTEE MEETS AS FREQUENTLY AS THE COMMITTEE DEEMS NECESSARY AND WILL MAINTAIN WRITTEN MINUTES OF ITS MEETINGS

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION'S FORMS 990 AND 990-T ARE AVAILABLE UPON REQUEST FORM 990 IS ALSO AVAILABLE ON THE GUIDESTAR ORG WEBSITE

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION POSTS ITS CORPORATE COMPLIANCE PROGRAM PLAN ON ITS WEBSITE. THE CORPORATE COMPLIANCE PROGRAM PLAN OUTLINES THE STANDARDS OF CONDUCT FOR THE GOVERNING BOARD AND ALL EMPLOYEES. ADDITIONALLY, THE ORGANIZATION'S AUDITED CONSOLIDATED FINANCIAL STATEMENTS ARE ATTACHED TO ITS FORM 990. THE CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION GAINS -15,828,079

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135076505

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CEDARS-SINAI MEDICAL CENTER

Employer identification number
95-1644600

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
(1) PCX SYSTEMS LLC 8700 BEVERLY BLVD LOS ANGELES, CA 90048 42-1535811	HOSPITAL BILLING	DE	424,047	0	CEDARS-SINAI MEDICAL CENTER

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	(g) No
(1) CEDARS-SINAI MEDICAL CARE FOUNDATION 200 N ROBERTSON BLVD 101 BEVERLY HILLS, CA 90211 95-4457756	PROVISION OF MEDICAL CARE, TEACHING AND RESEARCH	CA	501(C)(3)	11, I	CEDARS-SINAI MEDICAL CENTER	Yes	
(2) CALIFORNIA HEART CENTER FOUNDATION 8536 WILSHIRE BLVD 3RD FLOOR BEVERLY HILLS, CA 90211 95-4772979	PROMOTE, SUPPORT, AND DEVELOP EDUCATIONAL AND SCIENTIFIC RESEARCH ACTIVITIES	CA	501(C)(3)	7	CEDARS-SINAI MEDICAL CENTER	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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No
(1) GREATER VALLEY MGMT SERVICES ORGANIZATION INC 6500 WILSHIRE BLVD 9TH FLOOR LOS ANGELES, CA 90048 95-4439758	MANAGEMENT FUNCTIONS	CA	CEDARS-SINAI MEDICAL CENTER	C			100 000 %	Yes	
(2) OPTIMATRIX HEALTH SOLUTIONS INC 6500 WILSHIRE BLVD 9TH FLOOR LOS ANGELES, CA 90048 95-4522779	INFORMATION SYSTEMS	CA	CEDARS-SINAI MEDICAL CENTER	C			100 000 %	Yes	
(3) CHARITABLE REMAINDER TRUSTS (CRAT-5 CRUT-2)	TRUST	CA	N/A	T					No
(4) CHARITABLE LEAD TRUSTS (1)	TRUST	CA	N/A	T					No

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

		Yes	No
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 orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	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) Disproprtionate 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 V, LINE 2, METHOD USED TO DETERMINE THE AMOUNTS REPORTED	REPRESENTS EXPENSES INCURRED ON BEHALF OF CEDARS-SINAI MEDICAL CARE FOUNDATION AND CALIFORNIA HEART CENTER FOUNDATION AND PAID BY CEDARS-SINAI MEDICAL CENTER (CSMC) CSMC OFFSETS THE EXPENSE AS A CAPITAL CONTRIBUTION TO EACH OF THE ENTITIES

Additional Data

Software ID:
Software Version:
EIN: 95-1644600
Name: CEDARS-SINAI MEDICAL CENTER

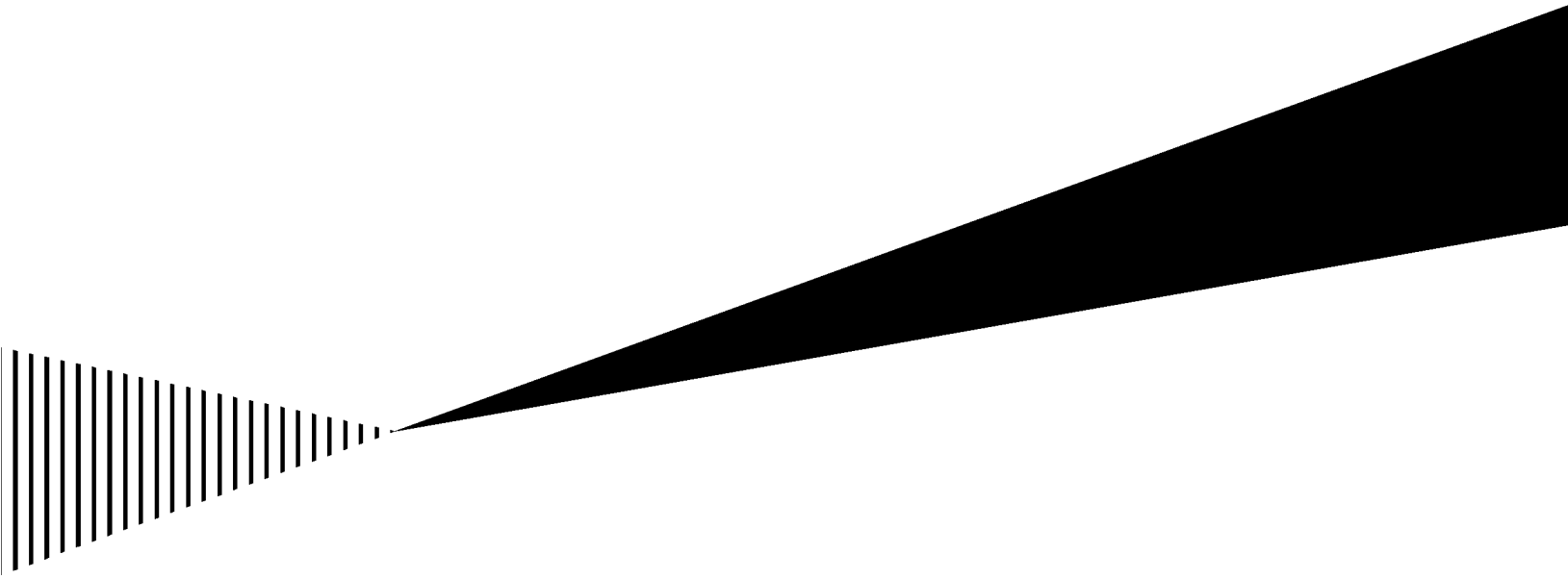
Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CEDARS-SINAI MEDICAL CARE FOUNDATION	B	51,738,968	FAIR MARKET VALUE
CEDARS-SINAI MEDICAL CARE FOUNDATION	O	-2,137,317	FAIR MARKET VALUE
			FAIR MARKET VALUE
CEDARS-SINAI MEDICAL CARE FOUNDATION	Q	53,876,285	FAIR MARKET VALUE
CALIFORNIA HEART CENTER FOUNDATION	B	1,343,273	FAIR MARKET VALUE
CALIFORNIA HEART CENTER FOUNDATION	O	1,265,594	FAIR MARKET VALUE
CALIFORNIA HEART CENTER FOUNDATION	Q	77,679	FAIR MARKET VALUE

AUDITED CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

Cedars-Sinai Medical Center
Years Ended June 30, 2014 and 2013
With Report of Independent Auditors

Ernst & Young LLP



EY
Building a better working world

Cedars-Sinai Medical Center

Audited Consolidated Financial Statements and Supplementary Information

Years Ended June 30, 2014 and 2013

Contents

Report of Independent Auditors . . 1

Audited Consolidated Financial Statements

Consolidated Balance Sheets . . 3
Consolidated Statements of Operations and Changes in Net Assets . . 5
Consolidated Statements of Cash Flows 7
Notes to Consolidated Financial Statements . . 8

Supplementary Information

Report of Independent Auditors on Supplementary Information 43
Consolidating Balance Sheets . . 44
Consolidating Statements of Operations and Changes in Net Assets . . 48

Ernst & Young LLP
Suite 500
725 South Figueroa Street
Los Angeles, CA 90017-5418

Tel +1 213 977 3200
Fax. +1 213 977 3729
ey com

Report of Independent Auditors

The Board of Directors
Cedars-Sinai Medical Center

We have audited the accompanying consolidated financial statements of Cedars-Sinai Medical Center (the Medical Center), which comprise the consolidated balance sheets as of June 30, 2014 and 2013, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U S generally accepted accounting principles, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits We conducted our audits in accordance with auditing standards generally accepted in the United States Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control Accordingly, we express no such opinion An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

A member firm of Ernst & Young Global Limited

Building a better working world

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Cedars-Sinai Medical Center at June 30, 2014 and 2013, and the consolidated results of its operations, changes in net assets, and its cash flows for the years then ended in conformity with U S generally accepted accounting principles

Ernst & Young LLP

October 21, 2014

A member firm of Ernst & Young Global Limited

Cedars-Sinai Medical Center

Consolidated Balance Sheets

(Dollar Amounts Expressed in Thousands)

	June 30	
	2014	**2013**
Assets		
Current assets		
Cash and cash equivalents	**$ 309,527**	$ 384,719
Short-term investments	**780,474**	448,491
Board-designated assets	**632,135**	511,552
Assets limited as to use	**12,440**	12,813
Patient accounts receivable, less allowance for uncollectible accounts of $269,713 in 2014 and $259,772 in 2013	**476,571**	445,200
Inventory	**29,770**	26,993
Prepaid expenses and other assets	**96,197**	106,557
Total current assets	**2,337,114**	1,936,325
Property and equipment, net	**1,766,785**	1,744,007
Investments	**181,630**	177,392
Assets restricted for the acquisition of property and equipment	**8,707**	7,664
Permanently restricted assets	**267,774**	251,132
Other assets	**229,015**	205,342
Total assets	**$ 4,791,025**	$ 4,321,862

	June 30	
	2014	**2013**
Liabilities and net assets		
Current liabilities		
Accounts payable and other accrued liabilities	**$ 241,890**	$ 218,717
Due to third-party payers	**3,936**	17,673
Accrued payroll and related liabilities	**246,792**	229,583
Current maturities of long-term debt	**41,260**	44,505
Total current liabilities	**533,878**	510,478
Long-term debt, less current maturities	**1,048,570**	1,079,192
Accrued workers' compensation and malpractice insurance claims, less current portion	**107,506**	94,623
Other liabilities	**49,743**	30,343
Commitments and contingencies		
Net assets		
Unrestricted	**2,503,967**	2,079,150
Temporarily restricted	**279,587**	276,944
Permanently restricted	**267,774**	251,132
Total net assets	**3,051,328**	2,607,226
Total liabilities and net assets	**$ 4,791,025**	$ 4,321,862

See accompanying notes.

Cedars-Sinai Medical Center

Consolidated Statements of Operations and Changes in Net Assets

(Dollar Amounts Expressed in Thousands)

	Year Ended June 30	
	2014	**2013**
Unrestricted net assets activity		
Unrestricted revenues, gains, and other support:		
Net patient service revenue	**$ 2,767,492**	$ 2,770,404
Provision for bad debts	**(184,138)**	(220,928)
Net patient service revenue less provision for bad debts	**2,583,354**	2,549,476
Premium revenues	**68,474**	60,310
Other operating revenues	**140,970**	141,264
Investment income associated with operations	**3,731**	4,437
Net assets released from restrictions	**135,466**	128,118
Total unrestricted revenues, gains, and other support	**2,931,995**	2,883,605
Expenses		
Salaries and related costs	**1,416,028**	1,368,267
Professional fees	**126,295**	113,931
Materials, supplies, and other	**909,540**	884,137
Interest	**44,067**	33,527
Depreciation and amortization	**152,405**	133,624
Total expenses	**2,648,335**	2,533,486
Operating income	**283,660**	350,119
Investment income associated with future operating and capital needs	**155,734**	94,734
Excess of revenues over expenses	**439,394**	444,853
Net assets released from restrictions used for the purchase of property and equipment	**1,251**	1,489
Change in pension liability	**(15,828)**	57,451
Increase in unrestricted net assets	**$ 424,817**	$ 503,793

Cedars-Sinai Medical Center

Consolidated Statements of Operations and Changes in Net Assets (continued)

(Dollar Amounts Expressed in Thousands)

	Year Ended June 30	
	2014	**2013**
Increase in unrestricted net assets	**$ 424,817**	$ 503,793
Temporarily restricted net assets activity		
Contributions and grants	**126,599**	155,175
Investment income	**12,761**	11,936
Net assets released from restrictions	**(136,717)**	(129,607)
Increase in temporarily restricted net assets	**2,643**	37,504
Permanently restricted net assets activity		
Contributions	**16,642**	8,228
Increase in permanently restricted net assets	**16,642**	8,228
Increase in net assets	**444,102**	549,525
Net assets at beginning of year	**2,607,226**	2,057,701
Net assets at end of year	**$ 3,051,328**	$ 2,607,226

See accompanying notes.

Cedars-Sinai Medical Center

Consolidated Statements of Cash Flows

(Dollar Amounts Expressed in Thousands)

	Year Ended June 30	
	2014	**2013**
Operating activities		
Increase in net assets	**$ 444,102**	$ 549,525
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Depreciation and amortization	**149,624**	133,624
Provision for bad debts	**184,138**	220,928
Unrealized gains on investments	**(120,631)**	(92,904)
Changes in operating assets and liabilities		
Patient accounts receivable	**(215,509)**	(282,125)
Inventory, prepaid expenses, and other current assets	**7,583**	25,325
Accounts payable and other accrued liabilities	**35,893**	(24,808)
Due to third-party payers	**(13,737)**	(7,187)
Accrued payroll and related liabilities	**55,880**	11,236
Net cash provided by operating activities before (purchases) net sales of trading investments	**527,343**	533,614
Net (purchases) sales of trading investments	**(333,308)**	59,022
Net cash provided by operating activities	**194,035**	592,636
Investing activities		
Expenditures for property and equipment	**(188,388)**	(328,936)
Acquisition of property held for future use	**(5,326)**	–
Increase in other assets	**(22,500)**	(44,725)
Net purchases of alternative investments	**(2,492)**	(59,149)
Increase in assets restricted for the acquisition of property and equipment	**(1,043)**	(4,823)
Increase in permanently restricted assets	**(16,642)**	(8,228)
Net cash used in investing activities	**(236,391)**	(445,861)
Financing activities		
Principal payments on long-term debt	**(44,505)**	(42,680)
Increase (decrease) in other long-term liabilities	**11,669**	(36,127)
Net cash used in financing activities	**(32,836)**	(78,807)
Increase in cash and cash equivalents	**(75,192)**	67,968
Cash and cash equivalents – beginning of year	**384,719**	316,751
Cash and cash equivalents – end of year	**$ 309,527**	$ 384,719

Cedars-Sinai Medical Center

Consolidated Statements of Cash Flows (continued)

(Dollar Amounts Expressed in Thousands)

	Year Ended June 30	
	2014	**2013**
Supplemental cash flow information		
Interest paid	**$ 50,888**	$ 44,703
Issuance of debt in exchange interest in property	**$ 14,000**	$ –

The Medical Center capitalized property and equipment for approximately $14,382 and $27,103 at June 30, 2014 and 2013, respectively, that had not been paid The offsetting amount due was recorded in the consolidated balance sheets under accounts payable and other accrued liabilities

See accompanying notes

1. Summary of Significant Accounting Policies

Cedars-Sinai Medical Center, a California nonprofit, public benefit corporation (the Medical Center), is tax exempt under the provisions of the Internal Revenue Code and applicable provisions of the Franchise Tax Code of the state of California The Medical Center owns and operates the hospital, and provides patient care, medical research, health education, and community service The accounts of the Medical Center include the following significant affiliate/subsidiary organizations

The Medical Center is the sole corporate member of Cedars-Sinai Medical Care Foundation, a California nonprofit, public benefit corporation (Foundation) The Foundation is tax exempt under the provisions of the Internal Revenue Code and applicable provisions of the Franchise Tax Code of the state of California and operates and maintains multi-specialty clinics

The Medical Center is the sole corporate member of California Heart Center Foundation (Cal Heart) Cal Heart is a California nonprofit, public benefit corporation and is tax exempt under the provisions of the Internal Revenue Code and applicable provisions of the Franchise Tax Code of the state of California Cal Heart raises funds for the support of heart-related activities

The consolidated financial statements include the accounts of the Medical Center, the Foundation, and Cal Heart. All significant intercompany transactions and balances have been eliminated in consolidation

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States (U S GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates

1. Summary of Significant Accounting Policies (continued)

Net Patient Service Revenues

The Medical Center has agreements with third-party payers that provide for payments to the Medical Center at amounts different from established rates Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments Net patient service revenues are reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers.

The Medical Center is reimbursed for services provided to patients under certain programs administered by governmental agencies Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation Compliance with such laws and regulations can be subject to future governmental review and interpretation, as well as significant regulatory action, including fines, penalties, and exclusion from the Medicare and Medicaid programs. The Medical Center believes it is in compliance with all applicable laws and regulations, and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing that may have a material impact on the consolidated financial statement

Net patient service revenue recognized is as follows

	Year Ended June 30	
	2014	**2013**
Medicare	**$ 708,868**	$ 699,780
Medi-Cal	**121,581**	161,418
HMO/PPO	**1,610,449**	1,549,890
Other	**326,594**	359,316
Patient service revenue, net of contractual allowances and discounts	**2,767,492**	2,770,404
Provision for bad debts	**(184,138)**	(220,928)
Patient service revenue, net	**$ 2,583,354**	$ 2,549,476

1. Summary of Significant Accounting Policies (continued)

The administrative procedures related to the cost reimbursement programs in effect generally preclude final determination of amounts due until cost reports are audited or otherwise reviewed and settled upon with the applicable administrative agencies Estimation differences between final settlements and amounts accrued in previous years are reported as adjustments of the current year's net patient service revenue In the opinion of management, adequate provision has been made for adjustments, if any, that might result from subsequent review

During 2014 and 2013, the Medical Center received information requiring changes in its estimates of the settlements due for certain open cost report years Based on this information, adjustments to the open cost report years increased net patient service revenues and operating income by $8,284 and $14,184 for the years ended June 30, 2014 and 2013, respectively

Medi-Cal Fee Program

As part of the American Recovery and Reinvestment Act economic stimulus package passed in 2009, Congress temporarily increased the Federal Medical Assistance Percentage (FMAP) for all states, allowing states to draw down increased federal dollars for hospitals that provide medical care for Medicaid patients California hospitals organized to pursue this stimulus funding through the California Hospital Fee Program (Program) Passed into law by the California state government and approved by the Centers for Medicare and Medicaid Services in fiscal 2012, the Program provided enhanced revenues related to provision of services to Medicaid patients, offset to a degree by the requirement to pay a fee (known as the Quality Assurance (QA) Fee) based on established rates applied to each hospital's historical patient days In September 2012, the California state government passed into law a measure that extended this program for 30 months, from July 1, 2011 through December 31, 2013 Under these measures, the QA Fee in aggregate for the state served as the amount that was put up to draw on amounts under the FMAP program The distribution of the amounts took the form of two components for the Medical Center an expense related to the QA Fee and revenues related to Medi-Cal business Total QA Fees (recorded as materials, supplies, and other) incurred by the Medical Center during fiscal 2014 and 2013 were $23,242 and $67,056, respectively, while revenue from the Program (recorded as net patient service revenues) totaled $26,086 and $59,395 for 2014 and 2013, respectively In connection with the extended program, the Medical Center applied for a grant from the California Health Foundation & Trust totaling $19,153 related to future shortfalls from the Program during the two and one-half years through December 31, 2013 During 2014, a refund

1. Summary of Significant Accounting Policies (continued)

of the grant of $(2,844) due to an excess of program revenues over QA fees and during 2013, $7,661 of the grant representing the shortfall due to an excess of QA fees over program revenues, has been included in other operating revenues To fund the (surplus) shortfall between the QA fees and revenues, a portion of this program related to Health Plans for July 1, 2013 to December 31, 2013, has not been approved Accordingly, QA fees of $10,286, net patient services revenues of $3,611, and grant revenue of $6,674 have been deferred for the period July 1, 2013 to December 31, 2013, while substantially all of it has been paid or received

A new 36-month program, from January 1, 2014 through December 31, 2016, is currently under consideration, but has not yet been fully approved Accordingly, nothing related to this proposed program has been included in the consolidated financial statements Any retroactive portions will be included in the consolidated financial statements in the year it is fully approved

Premium Revenues and Related Costs

The Foundation has agreements with various health maintenance organizations (HMOs) to provide medical services to subscribing participants Under these agreements, the Foundation receives monthly capitation payments based on the number of each HMO's participants, regardless of services actually performed by the Foundation Such payments are recorded as premium revenues

The costs of health services provided by other health care providers to the participants, including administrative costs and out-of-area or emergency services, are included in professional fees, and totaled approximately $34,574 and $33,631 for the years ended June 30, 2014 and 2013, respectively Such costs are accrued in the period in which the services are provided based in part on estimates, including an accrual for services provided by others, but not reported to the Foundation

Provision for Uncollectible Accounts

Patient service revenue, net of contractual allowances and discounts, is reduced by the provision for bad debts, and accounts receivable is reduced by an allowance for uncollectible accounts The Medical Center establishes an allowance for uncollectible accounts based on many factors, including payer mix, age of receivables, historical cash collection experience, and other relevant information A significant portion of the Medical Center's uninsured patients will be unable or

1. Summary of Significant Accounting Policies (continued)

unwilling to pay for services provided, and a significant portion of the Medical Center's insured patients will be unable or unwilling to pay for co-payments and deductibles Thus, the Medical Center records a significant provision for bad debts related to these insured and uninsured patients in the period the services are provided The Medical Center writes down the expected reimbursement after reasonable collection efforts have been exhausted

Excess of Revenues Over Expenses

The consolidated statements of activities include the excess of revenues over expenses, which is considered the performance indicator Changes in unrestricted net assets, which are excluded from the excess of revenues over expenses, include contributions of long-lived assets (including assets acquired using contributions which, by donor restrictions, were to be used for the purposes of acquiring such assets) and changes in benefit plan liabilities

Inventory

Inventory is stated at cost (using the first-in, first-out method), which is not in excess of market value

Goodwill

At June 30, 2014 and 2013, goodwill, which is included in other assets, totaled $76,474 On May 1, 2014, the Foundation entered into a 10-year professional service agreement with, and purchased the assets of, The Los Angeles Clinic and Research Institute, Inc The purchase price was $15,500, and included tangible assets totaling $753 and a covenant not to compete valued at $3,120 The purchase price exceeded the fair value of identifiable assets acquired by $11,627, which has been recorded as goodwill

Goodwill is evaluated, at a minimum, on an annual basis as of June 30, and whenever events and changes in circumstances suggest that the fair value of a reporting unit is less than its carrying value At June 30, 2014, the Medical Center performed a qualitative assessment concluding that it is more likely than not that the fair value of the reporting units containing goodwill exceed their carrying value as of June 30, 2014 As such, goodwill is not impaired as of June 30, 2014

1. Summary of Significant Accounting Policies (continued)

Care of the Poor and Community Benefit (Unaudited)

The Medical Center's mission is to improve the health status of its community, regardless of the patient's ability to pay, including charity patients A patient is classified as a charity patient in accordance with certain established policies of the Medical Center Essentially, these policies define charity services as those services for which the anticipated payment, if any, is less than the cost of providing services The Medical Center provides programs and activities that contribute to charity care, care of the poor, and community benefit. These programs and activities serve a majority of persons who are beneficiaries of Medi-Cal, and county, state, and federal programs for which the costs of providing the services are not fully reimbursed Also included are activities that improve the community's health status, and educate or provide social services to the elderly and children The Medical Center's unreimbursed costs for care of the poor and community benefits were approximately 28 1% and 26 1% of total operating expenses for the years ended June 30, 2014 and 2013, respectively The costs associated with these programs and activities are as follows.

	Year Ended June 30	
	2014	**2013**
Traditional charity care and uninsured patients (Category 1) – Audited	**$ 44,468**	$ 46,898
Unpaid cost of state programs (Category 2)	**71,573**	85,458
Unpaid cost of specialty government programs (Category 3)	**5,181**	6,739
Unpaid cost of federal programs (Category 4)	**373,079**	300,433
Research (Category 5)	**145,996**	126,481
Community benefit (Category 6)	**102,638**	95,047
Total community benefit	**742,935**	661,056
A portion of the above cost was supported by the help of.		
Federal, state, and local grants	**(47,835)**	(47,905)
Charitable giving	**(33,839)**	(26,619)
Community benefit, net of support by others	**$ 661,261**	$ 586,532

The Medical Center uses the following six categories to classify care of the poor and community benefit

1. Summary of Significant Accounting Policies (continued)

Category 1. Traditional Charity Care and Uninsured Patients – (care of the poor) includes the cost of services provided to persons who cannot afford health care because of inadequate resources and/or who are uninsured or underinsured If there is any subsidy donated for these services, that amount is deducted from the gross amount

Category 2 Unpaid Cost of State Programs – also benefits the poor, but is listed separately This amount represents the unpaid cost of services provided to patients in the Medi-Cal program or enrolled in HMO and Preferred Provider Option (PPO) plans under contract with the Medi-Cal program

Category 3 Unpaid Costs of Specialty Government Programs – also provides community benefit under such programs as the Veterans Administration, Los Angeles Police Department, Short Doyle, Proposition 99, and other programs to benefit the poor This amount represents the unpaid cost of services provided to patients in these various programs If this community benefit was not provided, federal, state, or local governments would need to furnish these services

Category 4 Unpaid Cost of Federal Programs – primarily benefits the elderly This amount represents the unpaid cost of services provided to patients in the Medicare program and enrolled in HMO and PPO plans under contract with the Medicare program Included in these amounts are $124,396 and $115,595 for the years ended June 30, 2014 and 2013, respectively, of unpaid cost of services provided to patients in the Medicare program who are also in the Medi-Cal program

Category 5 Research – cost of providing translational and clinical research and studies on health care delivery During the years ended June 30, 2014 and 2013, the Medical Center received outside support for its research efforts totaling $81,674 and $74,524, respectively Thus, for the years ended June 30, 2014 and 2013, the net cost incurred by the Medical Center was $64,322 and $51,957, respectively.

Category 6. Community Benefit – cost of services that are beneficial to the broader community, i e , other needy populations that may not qualify as poor, but that need special services and support Examples include the elderly, substance abusers, the homeless, victims of child abuse, and persons with AIDS They also include the cost of health promotion and education, and health clinics and screenings

1. Summary of Significant Accounting Policies (continued)

Property and Equipment

Property and equipment acquisitions are recorded at cost Depreciation is provided over the estimated useful life of each class of depreciable asset, and is computed using the straight-line method. Interest costs incurred during the period of construction of capital assets are capitalized as a component of the cost of acquiring those assets

Gifts of long-lived assets such as land, buildings, or equipment that do not contain explicit donor stipulations which specify how the donated assets must be used are reported as unrestricted support, and are excluded from excess of revenue over expenses Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service

The Medical Center accounts for software development costs in accordance with Accounting Standard Codification (ASC) 350, *Accounting for the Costs of Computer Software Developed or Obtained for Internal Use* All costs incurred in the planning stage of developing the software are expensed as incurred, as are internal and external training costs and maintenance costs External and internal costs, excluding general and administrative costs and overhead costs, incurred during the applicable development stage of internally used software are capitalized Such costs include external direct costs of materials and services consumed in development or obtaining the software, payroll, and payroll-related costs for employees who are directly associated with and who devote time to developing the software Development changes that result in appropriate functionality of the software, which enable it to perform tasks that it was previously incapable of performing, are also capitalized

Capitalized internal-use software development costs are amortized on a straight-line basis over their estimated useful life of three to seven years. Amortization begins when all substantial testing of the software is completed and the software is ready for its intended use

1. Summary of Significant Accounting Policies (continued)

Accounting for the Impairment of Long-Lived Assets and for Long-Lived Assets to be Disposed of

The Medical Center accounts for the impairment and disposition of long-lived assets in accordance with ASC 360, *Accounting for the Impairment or Disposal of Long-Lived Assets* In accordance with ASC 360, long-lived assets to be held are reviewed for events or changes in circumstances that indicate that their carrying value may not be recoverable The Medical Center determined that no assets are impaired at June 30, 2014.

Board-Designated Assets

Board-designated assets include investments designated by the Medical Center's Board of Directors (Board) for future capital expenditures, physician programs, academic programs, and fund raising However, the Board retains control of these assets and will, at its discretion, and if necessary, use these assets for operating purposes. As a result, Board-designated assets are included in current assets

Assets Limited as to Use

Assets limited as to use include assets held by trustees that are restricted under bond indentures for the acquisition of property and equipment and restricted for the payment of self-insurance liabilities. The current portion of assets limited as to use includes amounts that will be used to pay self-insurance classified as current liabilities

Investments

The Medical Center has designated its investments in equity securities with readily determinable fair values and all investments in debt securities as "trading," in accordance with ASC 954, *Health Care Entities*. Those securities are measured at fair value in the accompanying consolidated balance sheets Fair value is determined using a market approach based on quoted prices for similar securities in active markets or quoted prices for identical securities in inactive markets Management determines the appropriate classification of all investments at the date of purchase and reevaluates such designations at each consolidated balance sheet date.

1. Summary of Significant Accounting Policies (continued)

Investment income or loss on temporarily restricted net assets (including realized and unrealized gains and losses on investments, interest, and dividends) is reported as unrestricted net assets activity unless the income or loss is restricted by donor or law

All of the Medical Center's investments are invested in accordance with Board-approved policies, which include, among other matters, targeted investment returns balanced by diversification of the investment portfolio, establishment of credit risk parameters, and limitation in the amount of investment in any single instrument. As part of its investment policies and strategies, the Medical Center's Investment Committee (the Investment Committee) meets periodically to review performance At least annually, the Investment Committee reviews and formulates a specific investment and allocation plan Any adjustments that are deemed necessary are based on specific criteria, i e , the Medical Center's necessary funding, obligations, expenses, and liquidity needs

Alternative Investments

Certain of the Medical Center's investments are made through alternative investments, which include investments in limited partnerships and limited liability companies The Medical Center generally contracts with fund managers, who have full discretionary authority over investment decisions The Medical Center accounts for its ownership interests in the partnerships using the equity method of accounting These investments provide the Medical Center with a proportionate share of the entities' gains and losses, which are included in investment income in the accompanying consolidated statements of activities As of June 30, 2014 and 2013, these alternative investments comprised approximately 29% of the Medical Center's total cash, cash equivalents, and investments

Alternative investments include certain other risks that may not exist with other investments that are more widely traded These risks include reliance on the skill of the fund managers, who often employ complex strategies with various financial instruments, including futures contracts, foreign currency contracts, structured notes, and other investment vehicles Additionally, alternative investments may have limited information on a fund's underlying assets and valuation, and limited redemption or redemption-penalty provisions Management believes that the Medical Center, in consultation with its Investment Committee, has the capacity to analyze and interpret the risks associated with alternative investments and, with this understanding, has determined that investing in these investments creates a balanced approach to its portfolio management.

1. Summary of Significant Accounting Policies (continued)

Deferred Financing Costs

Costs incurred in obtaining long-term financing are amortized over the term of the related debt using the effective interest method Unamortized deferred financing costs were $7,373 and $7,954 at June 30, 2014 and 2013, respectively, and are included in other assets

Medical Malpractice Insurance

The Medical Center is self-insured for the first $3,000 in professional malpractice and general liability losses per occurrence effective October 1, 2005, and was self-insured for the first $2,000 effective October 1, 2004, and $1,000 for prior periods The Medical Center purchases excess insurance coverage resulting in total coverage of $200,000 per occurrence, insuring all employees, volunteers, and members of the medical faculty Effective for the year beginning October 1, 2005, the insurance purchased was excess over an attachment point of $1,000 for each and every claim and another $2,000 per claim with a $10,000 annual aggregate. Effective October 1, 2013, the aggregate was raised to $15,000 The Medical Center had no aggregate limit for the three years beginning October 1, 2002 Accruals for insured, uninsured claims and claims incurred but not reported are estimated by an actuary based on the Medical Center's claims experience Such accruals, which totaled $58,075 and $53,898 at June 30, 2014 and 2013, respectively, are recorded using a 1 6% and 1 4% discount factor at June 30, 2014 and 2013, respectively The basis for the rate is the risk-free rate of return at the end of each year and the estimated period over which claims will be settled. The accruals represent the total actuarially determined loss without reduction for the portion that is expected to be recoverable through insurance ($15,398 and $11,912 at June 30, 2014 and 2013, respectively) The expected amounts to be recovered through insurance are included in other assets in the accompanying consolidated balance sheets

Workers' Compensation Insurance

The Medical Center carries workers' compensation insurance insuring employees with a self-insured primary limit of $1,000 effective February 1, 2005, and decreasing amounts in earlier years Accruals for insured, uninsured claims and claims incurred but not reported are estimated by an actuary based upon the Medical Center's claims experience Such accruals, which totaled $76,048 and $67,613 at June 30, 2014 and 2013, are recorded using a 2 1% and 1 9% discount factor at June 30, 2014 and 2013, respectively The basis of the rate is the risk-free rate of return

1. Summary of Significant Accounting Policies (continued)

at the end of each year and the estimated period over which claims will be settled. The accruals represent the total actuarially determined loss without reduction for the portion that is expected to be recoverable through insurance ($13,919 and $14,750 at June 30, 2014 and 2013, respectively) The expected amounts to be recovered through insurance are included in other assets in the accompanying consolidated balance sheets

Cash Equivalents

The Medical Center considers all highly liquid debt instruments with original maturity dates at the time of purchase of three months or less to be cash equivalents

Donor-Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give cash and indications of intentions to give are not recognized until the conditions are satisfied or removed The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of activities as net assets released from restrictions Donor-restricted contributions whose restrictions are met within the same year as received are reflected as unrestricted contributions in the accompanying consolidated financial statements

Fair Value of Financial Instruments

The Medical Center's consolidated balance sheets include the following financial instruments cash and cash equivalents, investments, patient accounts receivable, accounts payable and other accrued liabilities, pension liabilities, and long-term obligations. The Medical Center considers the carrying amounts of current assets and liabilities in the consolidated balance sheets to approximate the fair value of these financial instruments because of the relatively short period of time between origination of the instruments and their expected realization Pledges receivable, accrued workers' compensation, malpractice insurance claims, and pension liabilities are recorded at their estimated present value using appropriate discount rates Marketable securities are recorded at fair value based on quoted prices from recognized security exchanges and other

1. Summary of Significant Accounting Policies (continued)

methods, as further described in Note 5. Alternative investments are recorded using the equity method of accounting, which approximates fair value Tax-exempt financings are carried at amortized cost The fair value of tax-exempt financings is estimated based on current market rates, as further described in Note 3

Income Taxes

The Medical Center and its related affiliates have been determined to qualify as exempt from federal and state income taxes under Section 501(a) as organizations described in Section 501(c)(3) of the Internal Revenue Code

Most of the income received by the Medical Center is exempt from taxation, as income related to the mission of the organization Accordingly, there is no material provision for income taxes for these entities However, some of the income received by the exempt entities is subject to taxation as unrelated business income. The Medical Center and its subsidiaries file federal and state income tax returns

The Medical Center completed an analysis of its tax positions, in accordance with ASC 740, *Income Taxes*, and determined that there are no uncertain tax positions taken or expected to be taken The Medical Center has recognized no interest or penalties related to uncertain tax positions The Medical Center is subject to routine audits by the taxing jurisdictions, however, there are currently no audits for any tax periods in progress. The Medical Center believes it is no longer subject to income tax examinations for years prior to 2010

Concentrations of Credit Risk

Financial instruments, which potentially subject the Medical Center to concentrations of credit risk, consist primarily of investments and accounts receivable Investments are made in a variety of financial instruments with prudent diversification requirements. The Medical Center seeks diversification among its investments by limiting the amount of investments that can be made with any one obligor The investment portfolio is managed by professional investment managers within the guidelines established by the Board, which, as a matter of policy, limit the amounts that may be invested in any one issuer

1. Summary of Significant Accounting Policies (continued)

The Medical Center grants credit without collateral to its patients, most of whom are area residents and are insured under third-party agreements The mix of net receivables from patients and third-party payers is as follows.

	June 30	
	2014	**2013**
Medicare	**14%**	16%
Medi-Cal	**3**	3
Other third-party payers	**79**	78
Self-pay and other	**4**	3
	100%	100%

Recent Accounting Pronouncements

In April 2013, an accounting standard was released and effective for the Medical Center beginning July 1, 2014, requiring nonprofits to recognize uncompensated services received from affiliates that provide a direct benefit at cost The Medical Center is currently evaluating the effect of this standard to the consolidated financial statements

2. Property and Equipment

Property and equipment consist of the following

	June 30	
	2014	**2013**
Land	**$ 56,522**	$ 56,522
Buildings and land improvements	**1,838,934**	1,795,438
Equipment	**322,890**	263,446
Software and software implementation costs	**412,678**	391,150
Construction in progress	**206,571**	155,370
	2,837,595	2,661,926
Less accumulated depreciation and amortization	**1,070,810**	917,919
	$ 1,766,785	$ 1,744,007

2. Property and Equipment (continued)

Depreciation and amortization expense was $152,891 and $137,181 for the years ended June 30, 2014 and 2013, respectively

Construction in progress consists of the following

	June 30	
	2014	**2013**
Buildings and land improvements	**$ 114,079**	$ 109,841
Equipment	**5,844**	3,666
Software and software implementation costs	**77,741**	37,072
Capitalized interest	**8,907**	4,791
	$ 206,571	$ 155,370

If each project included in construction in progress were placed in service at June 30, 2014, at the costs capitalized at that date, the Medical Center's annual depreciation would increase by approximately $16,921 This estimate of incremental annual depreciation is subject to change as additional costs are incurred to complete these projects

The Medical Center estimates that it will cost approximately $235,360 (unaudited) to complete the projects currently under construction

Software and software implementation costs include the following at June 30

	2014	**2013**
Cost	**$ 492,664**	$ 428,621
Less accumulated amortization	**226,633**	163,342
	$ 266,031	$ 265,279
Amortization expense during the year	**$ 55,283**	$ 52,505
Weighted-average life in years	**6.8**	6 9

2. Property and Equipment (continued)

Estimated future amortization expense.

2015	$ 67,146
2016	61,677
2017	47,971
2018	36,082
2019	27,668
Thereafter	25,487
	$ 266,031

Software and software implementation costs include the cost of completed projects and the cost and capitalized interest related to projects in the process of implementation Estimated future amortization includes the amortization of projects in the process of implementation, assuming the cost at June 30, 2014 is the cost of the completed project

During fiscal 2006, the Medical Center completed the construction of a new patient care tower The Federal Emergency Management Agency (FEMA) provided a grant to enhance the earthquake resistance of the patient care tower These funds were restricted for the purpose of repairing or reconstructing certain acute care hospital facilities under the Seismic Hazard Mitigation Program for Hospitals (SHMPH) The amount received of $32,157 is being amortized as a reduction of depreciation expense over the life of the patient care tower The Medical Center has unamortized balances of $25,721 and $26,535 relating to this grant as of June 30, 2014 and 2013, respectively

3. Long-Term Debt

	June 30	
	2014	**2013**
$535,000 Revenue Bonds, Series 2009, principal payments of $1,045 to $68,860 are due annually through 2039, interest is payable semiannually at 3 5% to 5 0%, the amount reported includes unamortized premiums of $4,801 and $5,049 at June 30, 2014 and 2013, respectively	**$ 461,576**	$ 482,619
$518,820 Revenue Bonds, Series 2005, principal payments of $8,525 to $42,270 are due annually through 2035, interest is payable semiannually at 5 0%, the amount reported includes unamortized premiums of $11,175 and $12,052 at June 30, 2014 and 2013, respectively	**479,680**	489,082
$148,400 Revenue Bonds, Series 2011, principal payments of $9,845 to $18,900 are due annually through 2021, interest is payable semiannually at 3 0% to 5 0%, the amount reported includes unamortized premiums of $9,059 and $11,296 at June 30, 2014 and 2013, respectively	**130,574**	151,996
Other notes payable, secured by deeds of trust	**14,000**	–
	1,089,830	1,123,697
Less current maturities	**41,260**	44,505
	$ 1,048,570	$ 1,079,192

The fair value of the tax-exempt financings, determined using Level 2 inputs primarily related to comparable market prices, was estimated to be $1,115,995 and $1,143,620 at June 30, 2014 and 2013, respectively

Revenue of the Medical Center (excluding all other related organizations) is pledged to secure the payment of the principal and interest on all bonds and certificates under a Master Trust Indenture (Indenture) The Indenture contains covenants restricting additional debt and providing for the maintenance of certain financial ratios The Medical Center was in compliance with these covenants at June 30, 2014.

3. Long-Term Debt (continued)

In December 2012, the Medical Center entered into a $50,000 credit agreement (the Agreement) with a bank that will expire in February 2018 The Medical Center may borrow under the Agreement with interest charged at either the London Interbank Offered Rate (LIBOR) plus an applicable margin of 0 5% based on the Medical Center's Moody's rating (currently AI), or at the greater of the bank's fluctuating prime rate minus 1 5%, or I% At June 30, 2014, the 3-month LIBOR rate was 0 25% and the bank's prime rate was 3 25% The Medical Center also pays a 0 125% commitment fee on the unused credit line. The Agreement is secured on a parity basis under the Bond Indenture with the Tax-Exempt financings of the Medical Center. No amounts have been borrowed under the Agreement

In 2014, the Medical Center purchased a partial interest in adjacent property from two sellers for $19 million, including the issuance of two notes totaling $14 million Both notes bear interest at 6%, one $3 million note requires annual principal payments of $600, and the other $11 million note is interest only through 2023, after that, the interest rate reduces to 5%, and the note is payable at the Medical Center's discretion with a final due date in 2033.

In November 2013, the Medical Center entered into a second $50,000 credit agreement with another bank that will expire in November 2018 The terms are substantially similar to the agreement described above except the commitment fee on the unused credit line is as of June 30, 2014, 0.10% and the applicable Margin is 0 7% based on the Medical Center's Moody's rating of AI No amounts have been borrowed under this agreement

The combined aggregate amount of maturities and sinking fund requirements (excluding the unamortized premium of $25,035 at June 30, 2014) for the five fiscal years succeeding June 30, 2014, and thereafter, is as follows

2015	$ 41,260
2016	34,535
2017	36,230
2018	38,015
2019	39,930
Thereafter	874,825
	$ 1,064,795

3. Long-Term Debt (continued)

For the years ended June 30, 2014 and 2013, interest costs incurred totaled $50,332 and $44,141, respectively, of which $6,265 and $20,083, respectively, were capitalized as part of the cost of construction in progress

4. Retirement Plans

During 1990, the Board authorized the suspension of the Medical Center's noncontributory, defined benefit plan, which covered substantially all eligible employees (the Suspended Employee Plan) Benefit accruals under the Suspended Employee Plan were suspended effective December 31, 1990 Effective July 1, 2003, the Medical Center began offering a defined benefit plan to its employees Rather than design a new plan, the Medical Center amended the Suspended Employee Plan (the Defined Benefit Plan) to capture the new defined benefit activity

During 1991, the Medical Center implemented a defined contribution plan (the Defined Contribution Plan) covering substantially all employees covered under the Suspended Employee Plan Contributions under the Defined Contribution Plan are calculated based on each employee's salary and totaled $55,544 and $53,685 for the years ended June 30, 2014 and 2013, respectively Employees have the choice of participation in either the Defined Benefit Plan or the Defined Contribution Plan and can change the selection once during their employment

In addition, certain key employees of the Medical Center are covered by separate defined contribution and defined benefit retirement plans, which are not governed by the Employee Retirement Income Security Act of 1974 Contributions under these plans are calculated based on each key employee's salary and totaled $16,430 and $14,542 for the years ended June 30, 2014 and 2013, respectively

4. Retirement Plans (continued)

The following tables present information related to changes in projected benefit obligations, plan assets and their composition, funded status, the accumulated benefit obligation, and net periodic pension cost for all defined benefit plans at June 30, 2014 and 2013, and for the years then ended The Medical Center has established a policy to ensure that the plans are fully funded Pursuant to this policy, the Medical Center contributed $21,500 to the plans in September 2014

	Year Ended June 30	
	2014	**2013**
Change in projected benefit obligations		
Projected benefit obligations at beginning of year	**$ 312,940**	$ 328,268
Service cost	**18,704**	21,547
Interest cost	**15,319**	12,902
Actuarial losses (gains)	**37,266**	(34,769)
Benefits paid	**(8,216)**	(15,008)
Projected benefit obligations at end of year	**376,013**	312,940
Change in plan assets.		
Fair value of plan assets at beginning of year	**332,276**	288,785
Actual gain on plan assets	**33,523**	19,524
Employer contributions	**–**	39,831
Benefits paid	**(8,216)**	(15,008)
Expenses paid	**(906)**	(856)
Fair value of plan assets at end of year	**356,677**	332,276
Funded status	**$ (19,336)**	$ 19,336

	June 30	
	2014	**2013**
Composition of plan assets		
Short-term money market funds	**2%**	2%
Government and corporate debt	**9**	15
Equity securities	7	6
Mutual funds	**75**	70
Alternatives	7	7
	100%	100%

4. Retirement Plans (continued)

	June 30 2014	2013
Amounts recognized as other assets in the consolidated balance sheets	**$ 2,092**	$ 19,336
Amounts recognized as other liabilities in the consolidated balance sheets	**$ 21,428**	$ –
Unrecognized losses as a component of net periodic pension costs	**$ 103,038**	$ 87,210
Accumulated benefit obligations	**$ 355,703**	$ 295,373

	Year Ended June 30 2014	2013
Net periodic benefit cost recognized		
Service cost	**$ 18,704**	$ 21,547
Interest cost	**15,319**	12,902
Expected return on plan assets	**(20,373)**	(16,297)
Amortization of net loss	**9,194**	17,687
Net periodic benefit cost	**$ 22,844**	$ 35,839

	June 30 2014	2013
Weighted-average assumptions used to determine benefit obligations consist of the following		
Discount rate used to determine service cost	**5.0%**	4 0%
Discount rate used to determine projected benefit obligation	**4.3**	5.0
Expected long-term rate of return on plan assets	**6.4**	5 8
Rate of increase in future compensation levels	**4.0**	4 0

The expected rate of return on plan assets is updated annually, taking into consideration the plan's asset allocation, historical returns on the types of assets held in the trusts, and the current economic environment

4. Retirement Plans (continued)

Amounts included in unrestricted net assets that have not been recognized in net periodic pension cost

	2014	2013
Unrecognized prior service costs	**$ 2,227**	$ –
Unrecognized prior loss	**100,810**	87,210
	$ 103,037	$ 87,210

The unrecognized prior losses and unamortized prior service costs expected to be recognized over the next fiscal year are $9,872 and $270, respectively

Plan Assets

Approximately 82% of plan assets relate to long-term investment activities covering the Medical Center's general employee population The other 18% of the assets relates to a special plan for highly compensated employees closer to retirement age The combined target allocation is approximately 47% equities, 42% fixed income, and 11% short-term instruments, with no allocation to alternative investments All investments are highly liquid investments

The Medical Center uses a three-level valuation hierarchy for disclosure of fair value measurements The valuation hierarchy is based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date The three levels are defined as follows

- Level 1 – Inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets

- Level 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instruments This includes model-derived valuations whose significant inputs are observable

- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement

4. Retirement Plans (continued)

Fair values are based on one or more of three valuation techniques. The valuation techniques are as follows

a) Market approach Prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities

b) Cost approach Amount that would be required to replace the service capacity of an asset (replacement cost).

c) Income approach Techniques to convert future amounts to a single present amount based on market expectations (including present value techniques, option pricing, and excess earnings models)

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. The following table presents the financial instruments in the Medical Center's defined benefit plans carried at fair value as of June 30, 2014, by valuation hierarchy.

	Level 1	Level 2	Level 3	Total	Valuation Technique (a, b, c)
Cash	$ 5,009	$ –	$ –	$ 5,009	a
Equities	25,707	–	–	25,707	a
U S Treasury securities	26,936	–	–	26,936	a
Mortgage-backed securities	–	5,070	–	5,070	a
Mutual funds[1]	268,398	–	–	268,398	a
Alternative investments[2]	–	25,557	–	25,557	a
	$ 326,050	$ 30,627	$ –	$ 356,677	

[1] 41% of mutual funds invest in bonds, 33% invest in global equities, and the remaining 26% invest globally in a diverse range of equities, bonds, and commodities

[2] Alternative investments are accounted for using net asset value, which approximates the fair value The investments are redeemable monthly with 10 to 15 days' notice

4. Retirement Plans (continued)

The following table presents the financial instruments in the Medical Center's defined benefit plans, carried at fair value as of June 30, 2013, by valuation hierarchy

	Level 1	Level 2	Level 3	Total	Valuation Technique (a, b, c)
Cash	$ 5,991	$ –	$ –	$ 5,991	a
Equities	20,935	–	–	20,935	a
U S Treasury securities	45,541	–	–	45,541	a
Mortgage-backed securities	–	5,438	–	5,438	a
Mutual funds[1]	231,495	–	–	231,495	a
Alternative investments[2]	–	22,876	–	22,876	a
	$ 303,962	$ 28,314	$ –	$ 332,276	

[1] 45% of mutual funds invest in bonds, 16% invest in global equities, and the remaining 39% invest globally in a diverse range of equities, bonds, and commodities

[2] Alternative investments are accounted for using net asset value, which approximates the fair value The Investments are redeemable monthly with 10 to 15 days' notice

Plan Investment Strategy

The Medical Center's investment policy generally reflects the long-term nature of the pension plan's funding obligations Assets are invested to achieve a rate of return consistent with policy allocation targets, which significantly contributes to meeting the current and future obligations of the plan, and strives to help ensure solvency of the plan over time This objective is to be achieved through a well-diversified asset portfolio and emphasis on long-term capital appreciation as a primary source of return The plan utilizes a multi-manager structure of complementary investment styles and classes Manager qualitative performance is continually evaluated, while a manager's investment performance is judged over an investment market cycle of at least three years

4. Retirement Plans (continued)

Plan assets are exposed to risk and fluctuations in market value from year to year. To minimize risk, each manager maintains a diversification of their portfolio to insulate the portfolio from substantial losses in any single security or sector of the market The asset allocation is reviewed for deviations in the allowable range for each asset class, and rebalancing is implemented as necessary

The long-term rate of return of the plan investment allocation is designed to be commensurate with a conservatively managed balance allocation. Fixed-income securities consist of investment-grade bonds

Each investment type is managed by an asset manager specializing in various security types The investment objective of the Plan over a three- to five-year period is to produce a rate of return that equals or exceeds the appropriate bond index, S&P 500 stock index, or other appropriate international equity index

As part of investment policies and strategies, the plans' Investment Committee meets periodically to review performance At least annually, the Investment Committee reviews and formulates the specific investment and allocation plan Any adjustments that are deemed necessary are based on specific criteria, i e , necessary plan funding, plan obligations, plan expenses, and plan liquidity needs

Plan Cash Flows

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid

2015	$ 15,620
2016	16,420
2017	19,564
2018	20,782
2019	22,492
2020 through 2023	132,136

5. Investments

Investments, combined with cash and cash equivalents and pledges receivable, are classified as follows for presentation in the accompanying consolidated balance sheets

	Cash, Cash Equivalents, and Investments	**Pledges**	**Total**
June 30, 2014.			
Cash and cash equivalents	**$ 309,527**	**$ –**	**$ 309,527**
Short-term investments	**780,474**	**–**	**780,474**
Board-designated assets	**632,135**	**–**	**632,135**
Assets limited to use	**12,440**	**–**	**12,440**
Long-term investments	**181,630**	**–**	**181,630**
Assets restricted for the acquisition of property and equipment	**400**	**8,307**	**8,707**
Permanently restricted assets	**223,954**	**43,820**	**267,774**
	$ 2,140,560	**$ 52,127**	**$ 2,192,687**

	Cash, Cash Equivalents, and Investments	**Pledges**	**Total**
June 30, 2013			
Cash and cash equivalents	$ 384,719	$ –	$ 384,719
Short-term investments	448,491	–	448,491
Board-designated assets	511,552	–	511,552
Assets limited to use	12,813	–	12,813
Long-term investments	177,392	–	177,392
Assets restricted for the acquisition of property and equipment	847	6,817	7,664
Permanently restricted assets	213,506	37,626	251,132
	$ 1,749,320	$ 44,443	$ 1,793,763

5. Investments (continued)

Assets limited to use include the following at June 30.

	2014	2013
Restricted for payment of certain self-insurance liabilities	$ **12,440**	$ 12,813

Investments, including cash and cash equivalents, short-term investments, board-designated assets limited as to use, long-term investments, and permanently restricted assets, consist of the following

	June 30	
	2014	**2013**
Cash and cash equivalents	**$ 309,527**	$ 291,694
Equities	**181,589**	134,379
U S government debt	**45,021**	110,930
Corporate debt (domestic)	**563,775**	375,347
Foreign government debt	**17,588**	15,744
Alternative investments	**616,832**	552,228
Mutual funds and other	**406,228**	268,998
	$ 2,140,560	$ 1,749,320

Investment income on cash and cash equivalents, investments, and assets limited as to use consists of the following

	June 30	
	2014	**2013**
Interest and dividend income	**$ 37,422**	$ 5,374
Realized gains	**1,412**	893
Unrealized gains, net	**120,631**	92,904
Investment income included in the consolidated statements of activities as unrestricted net assets	**$ 159,465**	$ 99,171

5. Investments (continued)

Investment income on workers' compensation trust funds and medical malpractice funds totaled $3,695 and $4,407 for the years ended June 30, 2014 and 2013, respectively

The following tables present the financial instruments carried at fair value as of June 30, 2014 and 2013, by valuation hierarchy as defined in Note 4 Alternative investments (Note 1) are accounted for using the equity method of accounting, which is not a fair value measurement There were no significant transfers between Levels 1, 2, and 3 during the years ended June 30, 2014 and 2013 See Note 4 for a description of the valuation techniques

	Level 1	Level 2	Level 3	Fair Value	Equity Method	Carrying Value	Valuation Technique (a, b, c)
June 30, 2014							
Equities	$ 181,589	$ –	$ –	$ 181,589	$ –	$ 181,589	a*
U S government debt	45,021	–	–	45,021	–	45,021	a
Corporate debt (domestic)	–	563,775	–	563,775	–	563,775	a
Foreign government debt	–	17,588	–	17,588	–	17,588	a
Alternative investments	–	–	–	–	616,832	616,832	
Mutual funds and other	406,228	–	–	406,228	–	406,228	a
	$ 632,838	$ 581,363	$ –	$ 1,214,201	$ 616,832	$ 1,831,033	

	Level 1	Level 2	Level 3	Fair Value	Equity Method	Carrying Value	Valuation Technique (a, b, c)
June 30, 2013							
Equities	$ 127,752	$ –	$ 6,627	$ 134,379	$ –	$ 134,379	a, c*
U S government debt	110,930	–	–	110,930	–	110,930	a
Corporate debt (domestic)	–	375,347	–	375,347	–	375,347	a
Foreign government debt	–	15,744	–	15,744	–	15,744	a
Alternative investments	–	–	–	–	552,228	552,228	
Mutual funds and other	268,998	–	–	268,998	–	268,998	a
	$ 507,680	$ 391,091	$ 6,627	$ 905,398	$ 552,228	$ 1,457,626	

* Valuation technique c is used to value Level 3 equities only

The Medical Center received restricted and unrestricted pledges and contributions amounting to $60,421 and $84,762 for the years ended June 30, 2014 and 2013, respectively, that were subject to fair value measurement Contributions were measured based on the actual cash received or, for pledge receivables, using discounted cash flow projections Approximately $35,478 of the contributions received in fiscal 2014 was recorded as a pledge receivable as of June 30, 2014

6. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes:

	June 30	
	2014	**2013**
Health care services	**$ 207,735**	$ 215,284
Purchase of capital assets	**8,707**	7,664
Health education and research	**63,145**	53,996
	$ 279,587	$ 276,944

During the years ended June 30, 2014 and 2013, net assets were released from donor restrictions by incurring expenses satisfying the restricted purposes of health care services and health education totaling $135,466 and $128,118, respectively, and capital expenditures totaling $1,251 and $1,489, respectively

Permanently restricted assets and net assets at June 30, 2014 and 2013 are restricted to investments that are to be held in perpetuity to provide a permanent source of income

Pledges are recognized as contributions at the present value of expected future payments The discount rate used is the estimated risk-free discount rate at the time of the donation (1.08% to 7 18%) Pledges receivable in temporarily and permanently restricted net assets are scheduled to be received as follows.

	June 30	
	2014	**2013**
Due in one year or less	**$ 32,539**	$ 32,198
Due after one year through five years	**61,213**	63,519
Due after five years	**57,394**	52,261
	151,146	147,978
Less amount representing interest	**18,997**	18,384
Pledges receivable, net	**$ 132,149**	$ 129,594

6. Temporarily and Permanently Restricted Net Assets (continued)

Of the $132,149 and $129,594 pledges receivable at June 30, 2014 and 2013, respectively, $52,127 and $44,443, respectively, have been reflected in assets restricted for the acquisition of property and equipment and permanently restricted net assets in the accompanying consolidated balance sheets (Note 5) The remainder is included in other assets and prepaid expenses and other assets

During the years ended June 30, 2014 and 2013, the Medical Center had the following endowment-related activities.

	Permanently Restricted	**Unrestricted**	**Total**
Year ended June 30, 2014			
Endowment net assets, beginning of year	**$ 251,132**	**$ 262,292**	**$ 513,424**
Contributions	**16,642**	**40,695**	**57,337**
Investment income	**2,126**	**35,592**	**37,718**
Transfers of investment income to unrestricted funds	**(2,126)**	**(1,952)**	**(4,078)**
Endowment net assets, end of year	**$ 267,774**	**$ 336,627**	**$ 604,401**

	Permanently Restricted	**Unrestricted**	**Total**
Year ended June 30, 2013.			
Endowment net assets, beginning of year	$ 242,904	$ 200,332	$ 443,236
Contributions	8,228	38,208	46,436
Investment income	2,202	25,554	27,756
Transfers of investment income to unrestricted funds	(2,202)	(1,802)	(4,004)
Endowment net assets, end of year	$ 251,132	$ 262,292	$ 513,424

The Medical Center's endowment consists of 200 individual funds for a variety of purposes Its endowment includes both donor-restricted endowment funds and funds designated by the Board to function as endowments. As required by U.S. GAAP, net assets associated with endowment funds, including funds designated by the Board to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions

6. Temporarily and Permanently Restricted Net Assets (continued)

The Medical Center's Board has interpreted the Uniform Prudent Management of Institutional Funds Act as requiring the preservation of the corpus of the various donor-restricted endowment funds, absent explicit donor stipulations to the contrary As a result of this interpretation, the Medical Center classifies as permanently restricted net assets (a) the original value of gifts donated, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund

The Medical Center has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowments Endowment assets include those assets of donor-restricted funds that the organization must hold in perpetuity, as well as Board-designated funds Under this policy, as approved by the Board, the endowment assets are invested in a manner that is intended to produce results that exceed the price and yield of market benchmarks Actual returns in any given year may vary from this goal

To satisfy the long-term rate of return objectives, the Medical Center relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends) The Medical Center targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term objectives within prudent constraints

7. Commitments and Contingencies

Pending claims and legal proceedings at June 30, 2014 are set forth below For all matters where a loss is probable and reasonably estimable, an estimate of the loss or a range of loss is provided Where no estimate is provided, a loss is not probable or an amount of loss is not reasonably estimable at this time

Litigation – Employment Practices (Class Action). On June 27, 2012, plaintiffs filed a purported class action complaint against the Medical Center and unnamed "Does" alleging a series of damages related to alleged misclassification of employees in the Medical Center's Enterprise Information Services Department (EIS)

7. Commitments and Contingencies (continued)

The complaint, as subsequently amended, charges failure of EIS to pay overtime wages, failure to provide meal periods or compensation in lieu thereof, failure to provide rest periods or compensation in lieu thereof, failure to timely pay wages at separation, failure to provide accurate itemized wage statements, unfair business practices, and violation of the Private Attorney General Act The allegations are related to the implementation of a software system impacting physician orders

The case has been assigned to the "complex" division of the Superior Court. Outside counsel has been retained and the Medical Center continues to vigorously defend against the class certification and other allegations

Litigation – Employment Practices (Class Action). On September 25, 2012, the plaintiff filed a purported "class action" complaint against the Medical Center and the Foundation The complaint charges failure to pay overtime wages, failure to pay minimum wages, failure to provide meal periods or compensation in lieu thereof, failure to provide rest periods or compensation in lieu thereof, failure to timely pay wages at separation, failure to provide accurate itemized wage statements, and unfair business practices

The case has been assigned to the "complex" division of the Superior Court Outside counsel has been retained and the Medical Center is vigorously defending the class act function and other allegations

Other. In addition to the above, the Medical Center is a defendant in various other legal actions arising from the normal conduct of business Management believes that the ultimate resolution of all proceedings will not have a material adverse effect upon the consolidated financial position, results of operations, or cash flows of the Medical Center Further, new claims or inquiries may be initiated against the Medical Center from time to time These matters could (1) require the Medical Center to pay substantial damages or amounts in judgments or settlements, which individually or in the aggregate could exceed amounts, if any, that may be recovered under the insurance policies where coverage applies and is available, (2) cause the Medical Center to incur substantial expenses, and (3) require significant time and attention from management

7. Commitments and Contingencies (continued)

The Medical Center cannot predict the results of current or future claims and lawsuits. The Medical Center recognizes that, where appropriate, the Medical Center's interests may be best served by resolving certain matters without litigation. If a non-litigated resolution is not appropriate or possible with respect to a particular matter, the Medical Center will defend itself vigorously The ultimate resolution of claims against the Medical Center, individually or in the aggregate, could have a material adverse effect on the Medical Center's business (both in the near and long term), consolidated financial condition, results of operations, or cash flows

The Medical Center leases certain office space under the terms of noncancelable operating leases, whose terms vary in length from month to month to 15 years, with renewal options upon prior written notice, typically for 5 years depending upon the agreed-upon terms with the local landlord Rents under our lease amounts generally increase from 3% to 5% on an annual basis Future minimum lease commitments under noncancelable operating leases are as follows

2015	$ 50,720
2016	46,894
2017	43,531
2018	36,535
2019	34,423
Thereafter	159,688
	$ 371,791

Rental expense was $57,002 and $52,810 during the years ended June 30, 2014 and 2013, respectively

8. Functional Expenses

The Medical Center provides general health care services to residents within its geographic location Expenses related to providing these services are as follows

	Year Ended June 30	
	2014	**2013**
Health care services	**$ 2,232,470**	$ 2,170,582
General and administrative	**400,899**	348,536
Fund raising	**14,966**	14,368
	$ 2,648,335	$ 2,533,486

9. Subsequent Events

The Medical Center evaluated subsequent events through October 21, 2014, which is the date these consolidated financial statements were issued

Supplementary Information

Report of Independent Auditors on Supplementary Information

The Board of Directors
Cedars-Sinai Medical Center

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole The accompanying consolidating balance sheets as of June 30, 2014 and 2013, and the consolidating statements of operations and changes in net assets for the years then ended, are presented for purposes of additional analysis and are not a required part of the consolidated financial statements Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole

Ernst & Young LLP

October 21, 2014

Cedars-Sinai Medical Center

Consolidating Balance Sheet

(Dollar Amounts Expressed in Thousands)

June 30, 2014

	Medical Center	Foundation	Others	Consolidated
Assets				
Current assets				
Cash and cash equivalents	$ 302,257	$ 7,184	$ 86	$ 309,527
Short-term investments	780,223	–	251	780,474
Board-designated assets	632,135	–	–	632,135
Current portion of assets limited as to use	12,440	–	–	12,440
Patient accounts receivable, net	459,188	17,383	–	476,571
Inventory	29,770	–	–	29,770
Prepaid expenses and other assets	88,975	7,210	12	96,197
Total current assets	2,304,988	31,777	349	2,337,114
Property and equipment, net	1,755,834	10,934	17	1,766,785
Investments	181,630	–	–	181,630
Assets restricted for the acquisition of property and equipment	8,707	–	–	8,707
Permanently restricted net assets	267,774	–	–	267,774
Other assets	213,435	15,580	–	229,015
Total assets	$ 4,732,368	$ 58,291	$ 366	$ 4,791,025

Cedars-Sinai Medical Center

Consolidating Balance Sheet (continued)

(Dollar Amounts Expressed in Thousands)

June 30, 2014

	Medical Center	Foundation	Others	Consolidated
Liabilities and net assets				
Current liabilities				
Accounts payable and other accrued liabilities	$ 220,188	$ 21,696	$ 6	$ 241,890
Due to third-party payers	3,936	–	–	3,936
Accrued payroll and related liabilities	242,511	4,134	147	246,792
Current maturities of long-term debt	41,260	–	–	41,260
Total current liabilities	507,895	25,830	153	533,878
Long-term debt, less current maturities	1,048,570	–	–	1,048,570
Accrued workers' compensation and malpractice insurance claims, less current portion	107,506	–	–	107,506
Other liabilities	48,963	780	–	49,743
Commitments and contingencies				
Net assets				
Unrestricted	2,472,073	31,681	213	2,503,967
Temporarily restricted	279,587	–	–	279,587
Permanently restricted	267,774	–	–	267,774
Total net assets	3,019,434	31,681	213	3,051,328
Total liabilities and net assets	$ 4,732,368	$ 58,291	$ 366	$ 4,791,025

Cedars-Sinai Medical Center

Consolidating Balance Sheet

(Dollar Amounts Expressed in Thousands)

June 30, 2013

	Medical Center	Foundation	Others	Consolidated
Assets				
Current assets				
Cash and cash equivalents	$ 373,068	$ 11,550	$ 101	$ 384,719
Short-term investments	448,179	–	312	448,491
Board-designated assets	511,552	–	–	511,552
Current portion of assets limited as to use	12,813	–	–	12,813
Patient accounts receivable, net	433,911	11,289	–	445,200
Inventory	26,993	–	–	26,993
Prepaid expenses and other assets	100,191	6,365	1	106,557
Total current assets	1,906,707	29,204	414	1,936,325
Property and equipment, net	1,734,906	9,076	25	1,744,007
Investments	177,392	–	–	177,392
Assets restricted for the acquisition of property and equipment	7,664	–	–	7,664
Permanently restricted net assets	251,132	–	–	251,132
Other assets	204,585	757	–	205,342
Total assets	$ 4,282,386	$ 39,037	$ 439	$ 4,321,862

Cedars-Sinai Medical Center

Consolidating Balance Sheet (continued)

(Dollar Amounts Expressed in Thousands)

June 30, 2013

	Medical Center	Foundation	Others	Consolidated
Liabilities and net assets				
Current liabilities				
Accounts payable and other accrued liabilities	$ 195,770	$ 22,933	$ 14	$ 218,717
Due to third-party payers	17,673	–	–	17,673
Accrued payroll and related liabilities	225,858	3,616	109	229,583
Current maturities of long-term debt	44,505	–	–	44,505
Total current liabilities	483,806	26,549	123	510,478
Long-term debt, less current maturities	1,079,192	–	–	1,079,192
Accrued workers' compensation and malpractice insurance claims, less current portion	94,623	–	–	94,623
Other liabilities	29,821	522	–	30,343
Commitments and contingencies				
Net assets				
Unrestricted	2,066,868	11,966	316	2,079,150
Temporarily restricted	276,944	–	–	276,944
Permanently restricted	251,132	–	–	251,132
Total net assets	2,594,944	11,966	316	2,607,226
Total liabilities and net assets	$ 4,282,386	$ 39,037	$ 439	$ 4,321,862

Cedars-Sinai Medical Center

Consolidating Statement of Operations and Changes in Net Assets

(Dollar Amounts Expressed in Thousands)

Year Ended June 30, 2014

	Medical Center	Foundation	Others	Consolidated
Unrestricted net assets activity				
Unrestricted revenues, gains and other support				
Net patient service revenue	$ 2,679,729	$ 87,763	$ –	$ 2,767,492
Provision for bad debts	(177,237)	(6,901)		(184,138)
Net patient service revenue less provision for bad debts	2,502,492	80,862	–	2,583,354
Premium revenues	–	68,474	–	68,474
Other operating revenues	132,849	8,121	–	140,970
Investment income associated with operations	3,695	2	34	3,731
Net assets released from restrictions	135,466	–	–	135,466
Total unrestricted revenues, gains and other support	2,774,502	157,459	34	2,931,995
Expenses				
Salaries and related costs	1,365,281	49,482	1,265	1,416,028
Professional fees	27,185	99,110	–	126,295
Materials, supplies and other	871,153	38,180	207	909,540
Interest	44,067	–	–	44,067
Depreciation and amortization	149,686	2,711	8	152,405
Total expenses	2,457,372	189,483	1,480	2,648,335
Operating income (loss)	317,130	(32,024)	(1,446)	283,660
Investment income associated with future operating and capital needs	155,734	–	–	155,734
Excess (deficit) of revenues over (under) expenses	472,864	(32,024)	(1,446)	439,394
Net assets released from restrictions used for the purchase of property and equipment	1,251	–	–	1,251
Change in pension liability	(15,828)	–	–	(15,828)
Transfer (to) from affiliates	(53,082)	51,739	1,343	–
Increase (decrease) in unrestricted net assets	$ 405,205	$ 19,715	$ (103)	$ 424,817

Cedars-Sinai Medical Center

Consolidating Statement of Operations and Changes in Net Assets (continued)

(Dollar Amounts Expressed in Thousands)

Year Ended June 30, 2014

	Medical Center	Foundation	Others	Consolidated
Increase (decrease) in unrestricted net assets	$ 405,205	$ 19,715	$ (103)	$ 424,817
Temporarily restricted net assets activity				
Contributions and grants	126,599	–	–	126,599
Investment income	12,761	–	–	12,761
Net assets released from restrictions	(136,717)	–	–	(136,717)
Increase in temporarily restricted net assets	2,643	–	–	2,643
Permanently restricted net assets activity				
Contributions	16,642	–	–	16,642
Increase in permanently restricted net assets	16,642	–	–	16,642
Increase (decrease) in net assets	424,490	19,715	(103)	444,102
Net assets at beginning of year	2,594,944	11,966	316	2,607,226
Net assets at end of year	$ 3,019,434	$ 31,681	$ 213	$ 3,051,328

Cedars-Sinai Medical Center

Consolidating Statement of Operations and Changes in Net Assets

(Dollar Amounts Expressed in Thousands)

Year Ended June 30, 2013

	Medical Center	Foundation	Others	Consolidated
Unrestricted net assets activity				
Unrestricted revenues, gains and other support				
Net patient service revenue	$ 2,694,094	$ 76,310	$ –	$ 2,770,404
Provision for bad debts	(214,531)	(6,397)		(220,928)
Net patient service revenue less provision for bad debts	2,479,563	69,913	–	2,549,476
Premium revenues	–	60,310	–	60,310
Other operating revenues	134,011	7,241	12	141,264
Investment income associated with operations	4,408	2	27	4,437
Net assets released from restrictions	128,118	–	–	128,118
Total unrestricted revenues, gains and other support	2,746,100	137,466	39	2,883,605
Expenses				
Salaries and related costs	1,322,276	44,716	1,275	1,368,267
Professional fees	24,350	89,581	–	113,931
Materials, supplies and other	852,435	31,859	(157)	884,137
Interest	33,527	–	–	33,527
Depreciation and amortization	131,041	2,566	17	133,624
Total expenses	2,363,629	168,722	1,135	2,533,486
Operating income (loss)	382,471	(31,256)	(1,096)	350,119
Investment income associated with future operating and capital needs	94,734	–	–	94,734
Excess (deficit) of revenues over (under) expenses	477,205	(31,256)	(1,096)	444,853
Net assets released from restrictions used for the purchase of property and equipment	1,489	–	–	1,489
Change in pension liability	57,451	–	–	57,451
Transfer (to) from affiliates	(29,883)	28,546	1,337	–
Increase (decrease) in unrestricted net assets	$ 506,262	$ (2,710)	$ 241	$ 503,793

Cedars-Sinai Medical Center

Consolidating Statement of Operations and Changes in Net Assets (continued)

(Dollar Amounts Expressed in Thousands)

Year Ended June 30, 2013

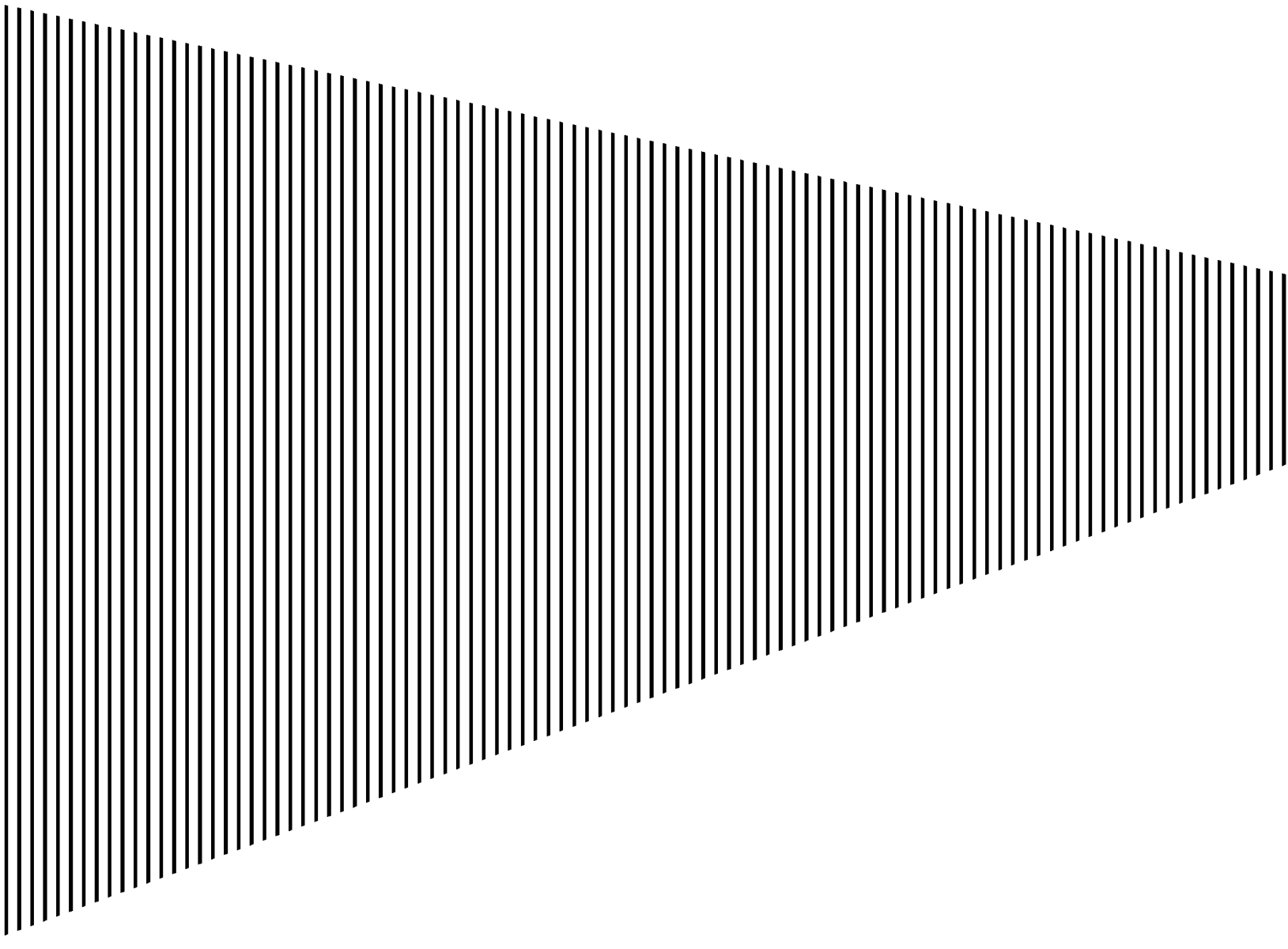
	Medical Center	Foundation	Others	Consolidated
Increase (decrease) in unrestricted net assets	$ 506,262	$ (2,710)	$ 241	$ 503,793
Temporarily restricted net assets activity				
Contributions and grants	155,175	–	–	155,175
Investment income	11,936	–	–	11,936
Net assets released from restrictions	(129,607)	–	–	(129,607)
Increase in temporarily restricted net assets	37,504	–	–	37,504
Permanently restricted net assets activity				
Contributions	8,228	–	–	8,228
Increase in permanently restricted net assets	8,228	–	–	8,228
Increase (decrease) in net assets	551,994	(2,710)	241	549,525
Net assets at beginning of year	2,042,950	14,676	75	2,057,701
Net assets at end of year	$ 2,594,944	$ 11,966	$ 316	$ 2,607,226

EY | Assurance | Tax | Transactions | Advisory

About EY

EY is a global leader in assurance, tax, transaction and advisory services. The insights and quality services we deliver help build trust and confidence in the capital markets and in economies the world over We develop outstanding leaders who team to deliver on our promises to all of our stakeholders In so doing, we play a critical role in building a better working world for our people, for our clients and for our communities

EY refers to the global organization, and may refer to one or more, of the member firms of Ernst & Young Global Limited, each of which is a separate legal entity Ernst & Young Global Limited, a UK company limited by guarantee, does not provide services to clients For more information about our organization, please visit ey com

© 2013 Ernst & Young LLP
All Rights Reserved

ey.com