

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final 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) Room/suite
8700 BEVERLY BOULEVARD

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 \$ 3,778,542,022

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.ORG

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:
PROVIDING QUALITY HEALTHCARE IS OUR PRIORITY. WE ALSO IMPROVE HEALTH THROUGH BIOMEDICAL RESEARCH, EDUCATION AND COMMUNITY BENEFIT PROGRAMS.

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

3 Number of voting members of the governing body (Part VI, line 1a)	39
4 Number of independent voting members of the governing body (Part VI, line 1b)	30
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	15,167
6 Total number of volunteers (estimate if necessary)	2,882
7a Total unrelated business revenue from Part VIII, column (C), line 12	31,810,351
7b Net unrelated business taxable income from Form 990-T, line 39	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	213,483,256	381,697,404
9 Program service revenue (Part VIII, line 2g)	3,407,039,453	3,301,918,165
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	216,690,769	24,284,107
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	71,392,426	70,133,936
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,908,605,904	3,778,033,612
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	20,994,733	26,842,129
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)	1,539,881,665	1,666,028,484
16a Professional fundraising fees (Part IX, column (A), line 11e)	52,855	40,643
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 11,854,360		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,626,459,799	1,615,350,660
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,187,389,052	3,308,261,916
19 Revenue less expenses. Subtract line 18 from line 12	721,216,852	469,771,696

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	6,970,113,839	7,523,813,961
21 Total liabilities (Part X, line 26)	2,115,698,893	2,392,244,579
22 Net assets or fund balances. Subtract line 21 from line 20	4,854,414,946	5,131,569,382

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: ***** Date: 2021-05-14

DAVID M WRIGLEY SVP, FINANCE & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name 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 ▶ 18101 VON KARMAN AVENUE SUITE 1700 IRVINE, CA 92612 Phone no. (949) 794-2300

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 MEDICAL CENTER, A NONPROFIT, 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 \$ 2,604,422,627 including grants of \$ 24,483,682) (Revenue \$ 3,139,575,250)
See Additional Data

4b (Code:) (Expenses \$ 242,104,719 including grants of \$ 277,650) (Revenue \$ 149,493,048)
See Additional Data

4c (Code:) (Expenses \$ 86,067,552 including grants of \$ 2,080,797) (Revenue \$ 12,849,867)
See Additional Data

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

4e Total program service expenses ▶ 2,932,594,898

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? 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), 501(c)(4), and 501(c)(29) 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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Yes
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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	3,420
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

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 15,167			
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? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . .			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	Yes
b If "Yes," enter the name of the foreign country: ►CH See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
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	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?			9a	
b Did the sponsoring 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?				
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? <i>If "No," provide an explanation in Schedule O</i> . . .			14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			15	Yes
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O.			16	No

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

Table with 5 main rows and sub-rows (1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9). Columns include question text, a small table for 1a/1b, and Yes/No columns.

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

Table with 10 main rows (10a-16b) and sub-rows. Columns include question text and Yes/No columns.

Section C. Disclosure

Table with 3 main rows (17, 18, 19, 20) and sub-rows. Columns include question text and Yes/No columns.

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.

See instructions for the order in which to list the persons above.

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

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

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c). Total compensation: 30,520,550.

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 ▶ 5,057

Questions 3, 4, and 5 regarding compensation reporting. Question 3: Did the organization list any former officer...? Question 4: For any individual listed on line 1a, is the sum of reportable compensation and other compensation greater than \$150,000? Question 5: Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?

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.

Table of independent contractors with columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes entries for COMMUNITY URGENT CARE MED GRP, DVA RENAL HEALTHCARE INC, CROSS COUNTRY STAFFING INC, NTT DATA SERVICES LLC, and ABM PARKING SERVICE.

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 ▶ 398

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	654,889		
	d Related organizations	1d			
	e Government grants (contributions)	1e	200,197,756		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	180,844,759		
	g Noncash contributions included in lines 1a - 1f: \$	1g	13,674,295		
	h Total. Add lines 1a-1f		381,697,404		

Program Service Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
		Business Code				
2a COMMERCIAL AND MANAGED CARE		622110	2,250,229,985	2,250,229,985		
b MEDICARE & MEDICAID		622110	855,251,936	855,251,936		
c SELF PAY AND OTHERS		622110	108,152,234	108,152,234		
d OTHER HEALTH CARE REVENUE		622110	33,554,966	33,554,966		
e PREMIUM REVENUE		622110	23,386,482	23,386,482		
f All other program service revenue.			31,342,562	31,342,562		
g Total. Add lines 2a-2f.			3,301,918,165			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			16,371,823		16,371,823	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			28,474,284		28,474,284	
	6a Gross rents	6a	(i) Real	(ii) Personal			
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c				
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
			7,912,284				
		b Less: cost or other basis and sales expenses	7b	0			
		c Gain or (loss)	7c	7,912,284			
	d Net gain or (loss)				7,912,284	7,912,284	
	8a Gross income from fundraising events (not including \$ 654,889 of contributions reported on line 1c). See Part IV, line 18	8a			518,580		
					508,410		
		b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events				10,170	10,170	
	9a Gross income from gaming activities. See Part IV, line 19	9a					
			b Less: direct expenses	9b			
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a LABORATORY REVENUE		621511	25,804,740		25,804,740		
b PARKING REVENUE		531310	9,839,131		9,839,131		
c ALTERNATIVE INVEST INC		523999	5,123,564		5,123,564		
d All other revenue			882,047		882,047		
e Total. Add lines 11a-11d			41,649,482				
12 Total revenue. See instructions			3,778,033,612	3,301,918,165	31,810,351	62,607,692	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	26,833,122	26,833,122		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	9,007	9,007		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	17,638,266	9,910,827	7,727,439	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,500,381	1,281,189	219,192	
7 Other salaries and wages	1,293,077,355	1,146,339,784	139,932,836	6,804,735
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	137,783,589	121,446,570	16,337,019	
9 Other employee benefits	122,040,113	109,397,424	10,652,089	1,990,600
10 Payroll taxes	93,988,780	82,757,432	11,231,348	
11 Fees for services (non-employees):				
a Management	19,341,750	19,341,750		
b Legal	24,705,544	7,762,990	16,942,554	
c Accounting	1,242,812	1,150	1,241,662	
d Lobbying	637,530	637,530		
e Professional fundraising services. See Part IV, line 17	40,643			40,643
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)	240,555,302	170,683,717	68,374,862	1,496,723
12 Advertising and promotion	8,403,902	757,259	7,646,643	
13 Office expenses	35,190,366	31,575,105	3,265,699	349,562
14 Information technology	167,913,166	141,926,772	25,986,394	
15 Royalties	5,666,752	5,666,752		
16 Occupancy	81,405,957	65,638,659	15,767,298	
17 Travel	4,966,468	3,142,537	1,746,328	77,603
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,300,330	1,310,045	868,925	121,360
20 Interest	26,105,399	23,446,308	2,659,091	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	169,882,265	152,148,770	17,242,124	491,371
23 Insurance	33,584,477	29,591,497	3,992,980	
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	454,140,732	454,140,732		
b RESTRICTED FUND EXPENSE	170,232,683	170,232,683		
c MEDI-CAL PROGRAM FEE	89,813,338	89,813,338		
d MISCELLANEOUS	64,978,144	56,384,718	8,311,993	281,433
e All other expenses	14,283,743	10,417,231	3,666,182	200,330
25 Total functional expenses. Add lines 1 through 24e	3,308,261,916	2,932,594,898	363,812,658	11,854,360
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	565,814,138	1	1,145,156,781
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	164,825,716	3	169,900,815
	4 Accounts receivable, net	581,552,088	4	527,124,137
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	1,495,230	5	2,044,110
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	20,477,358	7	17,566,730
	8 Inventories for sale or use	36,330,376	8	41,550,807
	9 Prepaid expenses and deferred charges	27,736,638	9	40,249,627
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,517,992,482		
	b Less: accumulated depreciation	10b 2,036,640,153	2,347,858,638	10c 2,481,352,329
	11 Investments—publicly traded securities	2,231,964,328	11	1,849,795,444
	12 Investments—other securities. See Part IV, line 11	466,592,309	12	416,033,662
	13 Investments—program-related. See Part IV, line 11	87,502,591	13	132,330,073
	14 Intangible assets	114,026,365	14	100,632,003
	15 Other assets. See Part IV, line 11	323,938,064	15	600,077,443
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,970,113,839	16	7,523,813,961	
Liabilities	17 Accounts payable and accrued expenses	647,800,468	17	736,987,290
	18 Grants payable		18	
	19 Deferred revenue		19	853,366
	20 Tax-exempt bond liabilities	1,206,716,640	20	1,118,343,942
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	14,666,667	23	68,708,794
	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	246,515,118	25	467,351,187
	26 Total liabilities. Add lines 17 through 25	2,115,698,893	26	2,392,244,579
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,143,788,796	27	4,351,423,231
	28 Net assets with donor restrictions	710,626,150	28	780,146,151
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	4,854,414,946	32	5,131,569,382	
33 Total liabilities and net assets/fund balances	6,970,113,839	33	7,523,813,961	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,778,033,612
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,308,261,916
3	Revenue less expenses. Subtract line 2 from line 1	3	469,771,696
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,854,414,946
5	Net unrealized gains (losses) on investments	5	45,497,728
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	-238,114,988
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,131,569,382

Part XII Financial Statements and Reporting

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

- 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?
 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?
 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?
 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 95-1644600

Name: CEDARS-SINAI MEDICAL CENTER

Form 990 (2019)

Form 990, Part III, Line 4a:

CLINICAL CARE: A NONPROFIT 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 CARE, CEDARS-SINAI SERVES PATIENTS FROM LOCAL COMMUNITIES, AS WELL AS FROM THROUGHOUT CALIFORNIA, THE NATION AND THE WORLD. (SEE SCHEDULE O FOR CONTINUATION) (CONTINUED) IN FISCAL YEAR 2020, CEDARS-SINAI HAD 263,554 INPATIENT DAYS (APPROXIMATELY 722 PER DAY), AND 682,330 OUTPATIENT VISITS (APPROXIMATELY 1,870 PER DAY). THERE WERE 46,865 INPATIENT ADMISSIONS, AND 85,569 EMERGENCY DEPARTMENT 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. AS 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 CALENDAR YEAR 2020, CEDARS-SINAI PERFORMED 128 HEART TRANSPLANTS, AMONG THE MOST OF ANY HOSPITAL IN THE WORLD. 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 TO TREAT ADVANCED HEART DISEASE. CEDARS-SINAI'S SERVICES FOR CANCER PATIENTS ARE SIMILARLY BROAD IN SCOPE AND SIZE. IN FISCAL YEAR 2020, CEDARS-SINAI CANCER SERVED 9,219 INPATIENTS AND 325,651 OUTPATIENTS, PERFORMED NEARLY 2,095 INPATIENT SURGERIES AND 3,869 OUTPATIENT SURGERIES, AND DELIVERED 57,642 INFUSIONS. CEDARS-SINAI STAFF CONTINUES TO PRESENT A UNITED FRONT AGAINST THE DEADLY VIRUS AS THEY SPEED THE SEARCH FOR NEW TREATMENTS AND PROVIDE COMPASSIONATE CARE TO PATIENTS FIGHTING COVID-19. IN FISCAL YEAR 2020, CEDARS-SINAI TREATED MORE THAN 2,000 COVID-19 PATIENTS. FROM ER NURSES TO PHARMACISTS, CARDIOLOGISTS TO PULMONOLOGISTS, JANITORS TO INVESTIGATORS - CEDARS-SINAI FRONTLINE WORKERS ARE CONFRONTING THE PANDEMIC TOGETHER. CEDARS-SINAI RAISED OVER \$10 MILLION TOWARD COVID-19 RAPID RESPONSE AND GAVE OUT GRANTS TOTALING MORE THAN \$4 MILLION TO LOCAL ORGANIZATIONS THAT ARE ADDRESSING ACCESS TO CARE, EMERGENCY RELIEF AND FOOD INSECURITY DURING THE PANDEMIC. THOUSANDS OF ANGELENOS DEPEND ON CEDARS-SINAI'S EXTENSIVE NETWORK OF COMMUNITY HEALTH PARTNERSHIPS AND PROGRAMS. DURING THIS CRUCIAL TIME, CEDARS-SINAI COMMUNITY HEALTH TEAMS HAVE PIVOTED TO SUPPORT LOCAL COVID-19 RELIEF EFFORTS. COACH FOR KIDS - A PROGRAM OF THE CEDARS-SINAI MAXINE DUNITZ CHILDREN'S HEALTH CENTER - HAS SHIFTED TO FOCUS ON VACCINATIONS FOR CHILDREN UNDER AGE 2 TO AVOID PREVENTABLE DISEASE OUTBREAKS AS WELL AS HELPING PROVIDE FREE BREAKFASTS IN WATTS. AND CEDARS-SINAI'S SHARE & CARE ART THERAPY PROGRAM HAS EXPANDED SERVICES TO LOS ANGELES UNIFIED SCHOOL DISTRICT (LAUSD) FAMILIES BY PROVIDING ONLINE MENTAL HEALTH SEMINARS.

Form 990, Part III, Line 4b:

RESEARCH: CEDARS-SINAI SCIENTISTS AND PHYSICIAN-RESEARCHERS WERE ENGAGED IN MORE THAN 2,000 ACTIVE RESEARCH PROJECTS AIMED AT ADVANCING NEW TREATMENTS FOR PATIENTS SUFFERING FROM HEART DISEASE, BRAIN DISORDERS, CANCERS 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 2020, CEDARS-SINAI PROVIDED \$99,213,981 TOWARD RESEARCH PROJECTS, WHILE NIH AND OTHER GRANTS PROVIDED \$149,493,048. IN CEDARS-SINAI LABORATORIES AND CLINICS, INVESTIGATORS DEVELOP AND TEST NEW IDEAS, EXPLORE THE GENETIC UNDERPINNINGS OF DISEASE, REALIZE THE POTENTIAL OF STEM CELLS, LEVERAGE TECHNOLOGY, AND ASSESS HOW GENDER AND METABOLISM AFFECT HEALTH. CEDARS-SINAI PUSHES FORWARD THE FRONTIERS OF BIOMEDICAL KNOWLEDGE TO PIONEER PRECISION THERAPIES, NOVEL DIAGNOSTIC TOOLS AND SOPHISTICATED NEW SURGICAL TECHNIQUES TO ENHANCE THE LIVES OF MEN, WOMEN AND CHILDREN WORLDWIDE. IN FISCAL YEAR 2020, FOR EXAMPLE, CEDARS-SINAI HAD NEARLY 100 ACTIVE COVID-19 RELATED RESEARCH PROJECTS TO HELP END THE GLOBAL PANDEMIC.

Form 990, Part III, Line 4c:

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 2020, CEDARS-SINAI'S NET COST OF PROVIDING THESE TRAINING PROGRAMS WAS \$73,517,685. (SEE SCHEDULE O FOR CONTINUATION) (CONTINUED)

THERE WERE 300 MEDICAL RESIDENTS AND 149 FELLOWS TRAINED IN SPECIALTY AND SUBSPECIALTY AREAS AT CEDARS-SINAI IN FISCAL YEAR 2020. THE GRADUATE SCHOOL OF BIOMEDICAL SCIENCES BESTOWED A RECORD NUMBER OF ADVANCED DEGREES AT ITS EIGHTH ANNUAL COMMENCEMENT. FIVE DOCTORAL AND 24 MASTER'S DEGREES WERE AWARDED, BRINGING THE TOTAL NUMBER TO 94 SINCE THE PROGRAM'S FIRST COMMENCEMENT IN 2013.

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	65.00 13.00	X		X				4,571,241	0	1,114,416
EDUARDO MARBAN MD DIRECTOR-HEART INSTITUTE	60.00 1.00					X		3,759,190	0	230,090
KEITH BLACK MD CHAIR-NEUROSURGERY	60.00 0.00					X		3,247,878	0	208,728
SHLOMO MELMED MD CHIEF ACADEMIC OFFICER	60.00 0.00				X			2,525,247	0	647,103
EDWARD M PRUNCHUNAS CHIEF FINANCIAL OFFICER	60.00 10.00			X				2,569,881	0	454,402
RAJENDRA MAKKAR MD EXEC DIRECTOR-CARDIAC INTERVENTIONAL	60.00 0.00					X		2,656,754	0	154,874
BRUCE GEWERTZ MD CHAIR-DEPT OF SURGERY	60.00 0.00					X		2,095,449	0	385,779
ALFREDO TRENTO MD SENIOR HEART SURGEON	60.00 0.00					X		2,077,475	0	395,419
DAVID M WRIGLEY CHIEF FINANCIAL OFFICER	60.00 2.00			X				1,476,858	0	167,943
JEFFREY SMITH MD JD MMM CHIEF OPERATING OFFICER	60.00 3.00				X			1,559,069	0	43,266

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			
RICHARD RIGGS MD STAFF PHYS./BOARD MEMBER	60.00 0.00	X						1,254,073	0	78,325
MICHAEL ALEXANDER MD STAFF PHYS./BOARD MEMBER	60.00 0.00	X						1,135,231	0	70,533
MARK GAVENS FORMER KEY EMPLOYEE	0.00 0.00						X	615,066	0	302,147
KIMBERLY GREGORY MD STAFF PHYS./BOARD MEMBER	60.00 0.00	X						557,303	0	73,779
PEGGY MILES MD STAFF PHYS./BOARD MEMBER	60.00 0.00	X						383,884	0	110,241
ZURI MURRELL MD MEDICAL DIRECTOR/BOARD MEMBER	8.00 0.00	X						25,951	0	779
SONU AHLUWALIA MD CLINICAL CHIEF/BOARD MEMBER	5.00 0.00	X						10,000	0	0
MOHAMED MIKE AHMAR BOARD MEMBER	5.00 0.00	X						0	0	0
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

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			
LAURA W BRILL BOARD MEMBER	5.00 2.00	X						0	0	0
DALE COCHRAN BOARD MEMBER	5.00 0.00	X						0	0	0
JOHN COLEMAN BOARD MEMBER	5.00 0.00	X						0	0	0
MARC EDELSTEIN MD CHIEF OF STAFF/BOARD MEMBER	5.00 0.00	X						0	0	0
ARI ENGELBERG BOARD MEMBER	5.00 0.00	X						0	0	0
ABBY FEINMAN BOARD MEMBER	5.00 0.00	X						0	0	0
DEBORAH FREUND PHD BOARD MEMBER	5.00 0.00	X						0	0	0
RUSSELL GOLDSMITH BOARD MEMBER	5.00 0.00	X						0	0	0
MARK S GREENFIELD BOARD MEMBER	5.00 0.00	X						0	0	0
VERA GUERIN BOARD MEMBER	5.00 2.00	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			
ANDY HEYWARD BOARD MEMBER	5.00 0.00	X						0	0	0
ERIC HOLOMAN BOARD MEMBER	5.00 0.00	X						0	0	0
DAVID B KAPLAN BOARD MEMBER/SECRETARY	5.00 0.00	X		X				0	0	0
JEFFREY KATZENBERG BOARD MEMBER	5.00 0.00	X						0	0	0
MICHELLE KITTLESON MD BOARD MEMBER	5.00 0.00	X						0	0	0
STEWART KWOH BOARD MEMBER	5.00 0.00	X						0	0	0
THOMAS J LEANSE ESQ BOARD MEMBER	5.00 1.00	X						0	0	0
DAVID B LEE MD MPH MBA BOARD MEMBER	5.00 0.00	X						0	0	0
DEBRA LEE ESQ BOARD MEMBER	5.00 0.00	X						0	0	0
JOSE DE JESUS LEGASPI 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			
JAMES M LIPPMAN BOARD MEMBER/CHAIRMAN	10.00 3.00	X						0	0	0
JOSHUA LOBEL BOARD MEMBER	5.00 0.00	X						0	0	0
PHILOMENA MCANDREW MD BOARD MEMBER	5.00 0.00	X						0	0	0
CHRISTOPHER NG MD BOARD MEMBER	5.00 0.00	X						0	0	0
PATRICIA SALAS PINEDA BOARD MEMBER	5.00 0.00	X						0	0	0
LAWRENCE B PLATT BOARD MEMBER	5.00 3.00	X						0	0	0
MARC H RAPAPORT BOARD MEMBER	5.00 5.00	X						0	0	0
ANTONY P RESSLER BOARD MEMBER	5.00 0.00	X						0	0	0
STEVEN ROMICK BOARD MEMBER	5.00 2.00	X						0	0	0
DAVID SADKIN 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			
MARK S SIEGEL BOARD MEMBER	5.00 2.00	X						0	0	0
RICHARD SINAIKO BOARD MEMBER	5.00 0.00	X						0	0	0
JOSHUA LOBEL BOARD MEMBER	5.00 0.00	X						0	0	0
LESLIE F VERMUT BOARD MEMBER/VICE CHAIR	5.00 4.00	X		X				0	0	0
EMMELINE WIDJAJA BOARD MEMBER	5.00 0.00	X						0	0	0
JAY WINTROB BOARD MEMBER	5.00 0.00	X						0	0	0
CLEMENT YANG MD BOARD MEMBER	5.00 0.00	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 VI.). . .						
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 section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. 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 ▶ <input type="checkbox"/>		
b	33 1/3% support test—2018. 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 ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 95-1644600

Name: CEDARS-SINAI MEDICAL CENTER

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

Facts And Circumstances Test

SCHEDULE 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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
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If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization CEDARS-SINAI MEDICAL CENTER	Employer identification number 95-1644600
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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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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-.
1				
2				
3				
4				
5				
6				

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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	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		514,669
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		122,861
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total. Add lines 1c through 1i			637,530
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, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1:	FORM 990, SCHEDULE C, PART II-B, LINE 1F: THESE GRANTS INCLUDE CEDARS-SINAI'S MEMBERSHIP DUES TO LOCAL, STATE, AND NATIONAL ORGANIZATIONS SUCH AS THE AMERICAN HOSPITAL ASSOCIATION, COALITION TO TRANSFORM ADVANCED CARE, AND HOSPITAL ASSOCIATION OF SOUTHERN CALIFORNIA, AS WELL AS CONSULTING FIRMS. THESE ORGANIZATIONS HELP INFORM US ABOUT PENDING CHANGES IN LEGISLATION AND REGULATIONS, PROVIDE EDUCATION AND ADVOCACY ON ISSUES THAT ARE CRITICAL TO THE ACHIEVEMENT OF OUR MISSION, AND PROVIDE OTHER GUIDANCE ON LEGISLATIVE AND REGULATORY ISSUES AND COMMUNITY CONCERNS. FORM 990, SCHEDULE C, 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 INFORM AND EDUCATE REGARDING ISSUES IMPORTANT TO THE HEALTH OF THE CITY'S AND REGION'S RESIDENTS, AS WELL AS THEIR QUALITY OF LIFE AND ECONOMIC DEVELOPMENT.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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" on Form 990, Part IV, line 6.

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

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
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 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other CONTRIBUTES TO PATIENT HEALING
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Yes No

Part IV Escrow and Custodial Arrangements.

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

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

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

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	867,508,124	809,720,406	753,750,120	686,147,333	661,408,153
b Contributions	36,483,139	30,702,771	24,099,928	17,226,958	45,603,678
c Net investment earnings, gains, and losses	32,119,212	30,851,444	35,532,478	53,795,841	-16,853,424
d Grants or scholarships					
e Other expenditures for facilities and programs	12,740,032	3,766,497	3,662,120	3,420,012	4,011,074
f Administrative expenses					
g End of year balance	923,370,443	867,508,124	809,720,406	753,750,120	686,147,333

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

- a** Board designated or quasi-endowment ▶ 59.880 %
- b** Permanent endowment ▶ 40.120 %
- c** Temporarily restricted endowment ▶ _____

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

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		No
3a(ii)		No
3b		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on 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		146,085,449		146,085,449
b Buildings		2,509,757,521	1,026,308,506	1,483,449,015
c Leasehold improvements		48,579,903	38,017,390	10,562,513
d Equipment		1,211,244,139	972,314,257	238,929,882
e Other		602,325,470		602,325,470
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,481,352,329

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) MANAGED POOL	416,033,662	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	416,033,662	

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	115,131,774
(2) OPERATING LEASE ROU ASSET	184,600,824
(3) FINANCING LEASE ROU ASSET	5,986,280
(4) SUPPLEMENTAL LIFE INSURANCE ASSET	18,969,021
(5) COVENANT NOT TO COMPETE	22,749
(6) WORKERS' COMPENSATION STOP LOSS INSURANCE	16,060,000
(7) MALPRACTICE STOP LOSS INSURANCE	14,846,000
(8) OTHER INVESTMENTS	244,460,795
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	600,077,443

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) WORKERS' COMPENSATION LIABILITY PROGRAM	99,185,000
(3) MALPRACTICE AND GENERAL LIABILITY PROGRAM	57,755,000
(4) DEFERRED COMPENSATION	2,191,667
(5) PENSION LIABILITY	122,317,663
(6) DUE TO AFFILIATES	5,099,345
(7) LONG TERM OPERATING LEASE LIABILITY	176,660,017
(8) LONG TERM FINANCE LEASE LIABILITY	4,142,495
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	467,351,187

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 95-1644600

Name: CEDARS-SINAI MEDICAL CENTER

Supplemental 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.

Supplemental Information

Return Reference	Explanation
PART III, LINE 4:	CEDARS-SINAI'S ART COLLECTION IS DESIGNED TO BE PART OF THE OVERALL HEALING ENVIRONMENT FOR OUR PATIENTS. DISPLAYED THROUGHOUT THE HOSPITAL, THE ART PROVIDES PATIENTS AND THEIR FAMILIES WITH A FOCAL POINT TO HELP ALLEVIATE THE STRESS OF HOSPITALIZATION AND ALSO CAN BE HELPFUL IN THE REHABILITATION PROCESS FOR PATIENTS WITH NEUROLOGICAL AND OTHER DISORDERS. THE ART COLLECTION COMES FROM DONATIONS, AND PIECES ARE CHOSEN FOR THE COLLECTION BY A VOLUNTEER JURY OF ARTS EXPERTS. THE COLLECTION IS DESIGNED TO BE A PERMANENT PART OF CEDARS-SINAI'S HEALING ENVIRONMENT FOR PATIENTS, SO PIECES FROM THE COLLECTION ARE GENERALLY NOT SOLD BY THE HOSPITAL.

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	THE MEDICAL CENTER'S ENDOWMENT CONSISTS OF APPROXIMATELY 241 INDIVIDUAL FUNDS FOR A VARIETY OF PURPOSES. THE INTENDED USES ARE FOR RESEARCH, DONOR-DESIGNATED, OR FOR GENERAL PURPOSES.

Supplemental Information

Return Reference	Explanation
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 UNCERTA IN TAX POSITIONS. THE MEDICAL CENTER IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. THE MEDICAL CENTE R BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2016.

**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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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" on Form 990, Part IV, line 14b.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	3	4			232,082,327
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	3	4			232,082,327

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORT FOR SPINE AND CRANIAL TRAINING IN UGANDA	9,007	CHECK			

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 **1**

3 Enter total number of other organizations or entities **0**

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 separately 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; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

990 Schedule F, F Supplemental Information

Return Reference	Explanation
<p>SCHEDULE F, PART I, LINE 2</p>	<p>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. SCHEDULE F, PART I, LINE 3 REGION: EAST ASIA AND THE PACIFIC - THE ORGANIZATION IS PROVIDING FUNDING FOR THE FOLLOWING: 1. AUSTRALIA - THE ORGANIZATION IS PROVIDING FUNDING FOR OVARIAN CANCER RESEARCH AT THE UNIVERSITY OF NEW SOUTH WALES. 2. NEW ZEALAND - THE ORGANIZATION IS PROVIDING FUNDING FOR PANCREATOGENIC DISEASE RESEARCH AT THE UNIVERSITY OF AUCKLAND. 3. CHINA - AN OFFICE IS MAINTAINED WITHIN SHANGHAI TO EXPAND ACCESS TO CEDARS-SINAI'S HEALTHCARE SERVICES TO PATIENTS IN CHINA REFERRED BY THEIR PHYSICIANS. REGION: SOUTH ASIA - THE ORGANIZATION IS PROVIDING FUNDING FOR THE FOLLOWING: 1.INDIA - THE ORGANIZATION IS PROVIDING FUNDING FOR MARKET LANDSCAPING AND ASSESSMENT OF PANCREATIC CANCER DIAGNOSTIC TEST. REGION: NORTH AMERICA - THE ORGANIZATION IS PROVIDING FUNDING FOR THE FOLLOWING: 1. CANADA - THE ORGANIZATION IS PROVIDING FUNDING TO THE UNIVERSITY OF BRITISH COLUMBIA FOR CARDIOVASCULAR IMAGING RESEARCH AND UNIVERSITY HEALTH NETWORK FOR RESEARCH ON NEURONAL MECHANISMS OF HUMAN EPISODIC MEMORY. 2. MEXICO - AN OFFICE IS MAINTAINED WITHIN THE CLINICA LOMAS ALTAS IN MEXICO CITY TO EXPAND ACCESS TO CEDARS-SINAI'S HEALTHCARE SERVICES TO PATIENTS IN MEXICO REFERRED BY THEIR PHYSICIANS. REGION: EUROPE (INCLUDING ICELAND & GREENLAND) - THE ORGANIZATION IS PROVIDING FUNDING FOR THE FOLLOWING: 1. SPAIN - THE ORGANIZATION IS PROVIDING FUNDING FOR A STUDY BY THE CENTER FOR COOPERATIVE RESEARCH IN BIOSCIENCES ON OF THE ROLE OF S-ADENOSYL METHIONINE IN PATHOGENESIS AND TREATMENT OF NON-ALCOHOLIC FATTY LIVER DISEASE. 2. GREAT BRITAIN - THE ORGANIZATION IS PROVIDING FUNDING FOR THE RESEARCH OF FUNCTIONAL EFFECTS OF OVARIAN CANCER RISK VARIANTS AND THE CONTRIBUTION OF RARE ALLELES TO OVARIAN CANCER IN THE POPULATION AT THE UNIVERSITY OF CAMBRIDGE. FUNDING IS ALSO PROVIDED FOR THE RESEARCH OF INTEGRATED ANALYSIS OF CORONARY ANATOMY AND BIOLOGY AT THE UNIVERSITY OF EDINBURGH. 3. CZECH REPUBLIC - THE ORGANIZATION IS PROVIDING FUNDING FOR THE REGIONAL COOPERATION FOR HEALTH, SCIENCE AND TECHNOLOGY (RECOOP HST) ASSOCIATION TO EXPLORE AND ENHANCE LOCAL SCIENTIFIC OUTPUTS, CREATE A CRITICAL MASS OF SCIENTIFICALLY SOUND INNOVATIVE RESEARCH AT THE REGIONAL LEVEL AND EXPLOIT THE RESEARCH OUTCOMES AT THE GLOBAL LEVEL. REGION: THE MIDDLE EAST AND NORTH AFRICA - THE ORGANIZATION IS PROVIDING FUNDING FOR THE FOLLOWING: 1. ISRAEL - THE ORGANIZATION IS PROVIDING FUNDING FOR THE PREPARATION OF EXPERIMENTAL PROTOCOLS AND DATA ANALYSIS OF ULTRASOUND-BASED GENE DELIVERY PROJECTS. 2. UNITED ARAB EMIRATES - AN OFFICE IS MAINTAINED WITHIN UAE TO EXPAND ACCESS TO CEDARS-SINAI'S HEALTHCARE SERVICES TO PATIENTS IN UAE REFERRED BY THEIR PHYSICIANS. REGION: SOUTH AMERICA - THE ORGANIZATION IS PROVIDING FUNDING FOR THE FOLLOWING: 1. BRAZIL - THE ORGANIZATION IS PROVIDING FUNDING FOR BIOINFORMATICS DATA ANALYSIS (TOOL DEVELOPMENT) AND SCIENTIFIC ANALYSIS USING ELMER TO ANALYZE SEVERAL CANCER DATASETS. PART I, LINE 3, COLUMN F REGION: CENTRAL AMERICA AND THE CARIBBEAN VALUE OF INVESTMENTS MADE: 230,903,398 AMOUNT OF INVESTMENT FEES: 5,901,493 PART I, LINE 3, COLUMN F THE AMOUNT OF EXPENDITURES REPORTED HERE IS BASED ON THE METHOD USED ON THE ORGANIZATION'S FINANCIAL STATEMENTS WHICH IS THE ACCRUAL METHOD OF ACCOUNTING.</p>

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 - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS	N/A	230,903,398
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	1	1	PROGRAM SERVICES	SEE PART V NARRATIVE	268,902

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
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	1	2	PROGRAM SERVICES	SEE PART V NARRATIVE	412,225
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	SEE PART V NARRATIVE	345,798

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	1	1	PROGRAM SERVICES	SEE PART V NARRATIVE	106,147
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	PROGRAM SERVICES	SEE PART V NARRATIVE	25,600

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	PROGRAM SERVICES	SEE PART V NARRATIVE	11,250
SUB-SAHARAN AFRICA	0	0	GRANT MAKING	N/A	9,007

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization CEDARS-SINAI MEDICAL CENTER

Employer identification number 95-1644600

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes entry for GRANT ASSOCIATES.

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, CA, CO, FL, GA, IL, KY, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, SC, TN, UT, WA, WI, DC

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		BOARD OF GOVERNORS GALA (event type)	TOM COLLIER MEMORIAL REGATTA (event type)	(total number)	(add col. (a) through col. (c))
1	Gross receipts	1,149,716	23,753		1,173,469
2	Less: Contributions	644,766	10,123		654,889
3	Gross income (line 1 minus line 2)	504,950	13,630		518,580
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	273,027	2,503		275,530
	7 Food and beverages				
	8 Entertainment	187,316			187,316
	9 Other direct expenses	45,262	302		45,564
10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				508,410
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				10,170

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	GRANT ASSOCIATES WAS HIRED TO PLAN AND EXECUTE THE BOARD OF GOVERNORS GALA EVENT, INCLUDING DEVELOPMENT OF INVITEE AND SPONSOR LISTS. 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 CEDARS-SINAI MEDICAL CENTER.

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

Name of the organization
 CEDARS-SINAI MEDICAL CENTER

Employer identification number
 95-1644600

OMB No. 1545-0047
2019
Open to Public Inspection

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. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>40000.0000000000</u> %	3a	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>60000.0000000000</u> %	3b	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used 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	Yes	
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 eligible 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

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			18,934,208	0	18,934,208	0.570 %
b Medicaid (from Worksheet 3, column a)			350,193,271	334,001,421	16,191,850	0.490 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			11,466,603	9,301,900	2,164,703	0.070 %
d Total Financial Assistance and Means-Tested Government Programs			380,594,082	343,303,321	37,290,761	1.130 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			21,978,103	52,474	21,925,629	0.660 %
f Health professions education (from Worksheet 5)			86,067,552	12,849,867	73,217,685	2.220 %
g Subsidized health services (from Worksheet 6)			0	0		
h Research (from Worksheet 7)			242,104,719	149,493,048	92,611,671	2.800 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			23,400,050	0	23,400,050	0.710 %
j Total. Other Benefits			373,550,424	162,395,389	211,155,035	6.390 %
k Total. Add lines 7d and 7j			754,144,506	505,698,710	248,445,796	7.520 %

Part II Community Building Activities Complete this table 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			7,600		7,600	0 %
2 Economic development			220,454		220,454	0.010 %
3 Community support			1,438,313		1,438,313	0.040 %
4 Environmental improvements			0			
5 Leadership development and training for community members			47,500		47,500	0 %
6 Coalition building			301,388		301,388	0.010 %
7 Community health improvement advocacy			607,074		607,074	0.020 %
8 Workforce development			1,847,726		1,847,726	0.060 %
9 Other			172,900		172,900	0.010 %
10 Total			4,642,955		4,642,955	0.150 %

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 Healthcare 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		
			56,504,580
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		0
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	705,313,808
6 Enter Medicare allowable costs of care relating to payments on line 5	6	935,210,870
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-229,897,062
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: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> 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

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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				
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 (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	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)
 CEDARS-SINAI MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 1 _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	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 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5	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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTPS://WWW.CEDARS-SINAI.ORG/COMMUNITY/COMMUNITY-BENEFIT.HTML</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>HTTPS://WWW.CEDARS-SINAI.ORG/COMMUNITY/COMMUNITY-BENEFIT.HTML</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	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)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, 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 (FAP)

CEDARS-SINAI MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>400.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>600.000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

CEDARS-SINAI MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	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 all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes
18	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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized 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? If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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? If "No," indicate why: a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	Yes
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Part V Facility Information *(continued)*

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

CEDARS-SINAI MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

22 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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

23 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?

If "Yes," explain in Section C.

24 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?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

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? 17

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
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.

990 Schedule H, Supplemental Information

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 PATIENTS SEGMENTS - INPATIENT, OUTPATIENT, EMERGENCY ROOM, ETC. AND ALL PAYERS - PRIVATE INSURANCE, MEDICARE, MEDI-CAL, UNINSURED AND SELF-PAY.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F):	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 3,917,799.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	<p>CEDARS-SINAI PROVIDES AN ARRAY OF COMMUNITY SUPPORT TO VULNERABLE AND NEIGHBORING COMMUNITIES. WITH A HISTORY OF OVER 100 YEARS SERVING THE COMMUNITY, CEDARS-SINAI PARTICIPATES IN COMMUNITY-BUILDING AND HEALTH IMPROVEMENT ADVOCACY IN PARTNERSHIP WITH A WIDE ARRAY OF CONSTITUENTS. EXAMPLES OF COMMUNITY BUILDING PARTNERS INCLUDE: RAND CORPORATION, JEWISH FEDERATION COUNCIL OF GREATER LA, AND UNIVERSITY OF SOUTHERN CALIFORNIA (USC). ADDITIONALLY, CEDARS-SINAI INVESTS STRATEGICALLY IN WORKFORCE DEVELOPMENT AND MENTORING PROGRAMS AIMED AT HIGH SCHOOL AND MIDDLE SCHOOL-AGED STUDENTS. WORKFORCE DEVELOPMENT AND MENTORING PROGRAMS ARE IMPLEMENTED THROUGHOUT THE MEDICAL CENTER, TARGETING LOW INCOME AND UNDERREPRESENTED STUDENTS, EXPOSING THEM TO CAREERS IN HEALTH, SCIENCES AND HOSPITAL ADMINISTRATIVE FUNCTIONS. MULTIPLE PROGRAMS ENGAGE STUDENTS IN HANDS-ON EXPERIENCES RANGING FROM A TWO-YEAR SHADOWING AND MENTORING HIGH SCHOOL PROGRAM CALLED YOUTH EMPLOYMENT DEVELOPMENT, TO TOURS OF OUR WOMEN'S GUILD SIMULATION CENTER, PROVIDING EXPOSURE TO THE TRAINING METHODS FOR ALL LEVELS OF CLINICAL EXPERTISE. THE YOUTH EMPLOYMENT DEVELOPMENT PROGRAM HAS COMPLETED A RIGOROUS EVALUATION AND SHOWS THAT PARTICIPATION IN THE PROGRAM IMPACTS GREATER LIKELINESS TO COMPLETE FOUR-YEAR COLLEGE DEGREES AND PURSUE HEALTH PROFESSIONS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2:	AS A RESULT OF THE ADOPTION OF ASC 606, THE MEDICAL CENTER IS REPORTING IMPLICIT PRICE CONCESSIONS, WHICH IS ESTABLISHED BASED ON MANY FACTORS, INCLUDING PAYER MIX, AGE OF RECEIVABLES, HISTORICAL CASH COLLECTION EXPERIENCE, AND OTHER RELEVANT INFORMATION, AND BAD DEBT, WHICH IS DUE TO CREDIT ISSUES NOT ASSESSED AT THE DATE OF SERVICE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4:	AUDITED FINANCIAL STATEMENTS - PAGE 13 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	<p>- RATIONALE FOR MEDICARE SHORTFALL AMOUNT ATTRIBUTABLE TO COMMUNITY BENEFIT: IT IS OUR BELIEF THAT ALL OF THE \$229,897,062 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.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B:	<p>REASONABLE EFFORTS BASED ON BILLING STATEMENT NOTIFICATION AND AMOUNTS NOT ELIGIBLE: CEDARS-SINAI NOTIFIES PATIENTS OF ITS FINANCIAL ASSISTANCE PROGRAMS BEFORE INITIATING ANY EXTRAORDINARY COLLECTION ACTIONS. CEDARS-SINAI REFRAINS FROM INITIATING EXTRAORDINARY COLLECTION ACTIONS FOR AT LEAST 120 DAYS FROM THE DATE CEDARS-SINAI BILLS FOR THE CARE IF THE PATIENT HAS NOT SUBMITTED AN APPLICATION OR CEDARS-SINAI HAS DETERMINED THE PATIENT IS NOT ELIGIBLE FOR FINANCIAL ASSISTANCE BASED ON THE PATIENT'S APPLICATION. AT LEAST 30 DAYS BEFORE FIRST INITIATING ANY EXTRAORDINARY COLLECTION ACTIONS, CEDARS-SINAI PROVIDES THE PATIENT WITH A WRITTEN NOTICE INDICATING FINANCIAL ASSISTANCE IS AVAILABLE, IDENTIFYING THE EXTRAORDINARY COLLECTION ACTION THAT CEDARS-SINAI INTENDS TO INITIATE TO OBTAIN PAYMENT, AND STATING A DEADLINE AFTER WHICH SUCH EXTRAORDINARY COLLECTION ACTIONS MAY BE INITIATED (WHICH DATE IS NOT EARLIER THAN 30 DAYS AFTER THE DATE THAT THE WRITTEN NOTICE IS PROVIDED). THE NOTICE INCLUDES A PLAIN LANGUAGE SUMMARY OF CEDARS-SINAI'S FINANCIAL ASSISTANCE POLICY. IN ADDITION TO ALL WRITTEN NOTICES, PRIOR TO INITIATING ANY EXTRAORDINARY COLLECTION ACTIONS, CEDARS-SINAI MAKES A REASONABLE EFFORT TO VERBALLY NOTIFY THE PATIENT ABOUT CEDARS-SINAI'S FINANCIAL ASSISTANCE POLICY AND ABOUT HOW THE PATIENT MAY OBTAIN ASSISTANCE THROUGH THE APPLICATION PROCESS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED IN FISCAL YEAR ENDED 6/30/19. SEE NARRATIVE FOR SCHEDULE H, PART V, SECTION B, LINE 3J.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3:	<p>NOTICES, SUMMARIES AND WRITTEN COMMUNICATIONS: CEDARS-SINAI PROVIDES THE FOLLOWING NOTICES REGARDING FULL AND PARTIAL FINANCIAL ASSISTANCE FOR QUALIFIED PATIENTS: A) POSTED SIGNAGE - NOTICE OF THE FINANCIAL ASSISTANCE POLICY IS POSTED IN THE FOLLOWING LOCATIONS: THE EMERGENCY DEPARTMENT, THE ADMITTING DEPARTMENT, CENTRALIZED AND DECENTRALIZED REGISTRATION AREAS AND OTHER OUTPATIENT SETTINGS. B) NOTICES HAND-DELIVERED TO PATIENTS - DURING THE REGISTRATION OR ADMISSION PROCESS (OR OTHERWISE PRIOR TO DISCHARGE), PATIENTS ARE PROVIDED A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY AND CEDARS-SINAI'S FINANCIAL ASSISTANCE PROGRAMS. PATIENTS ARE ASKED TO ACKNOWLEDGE RECEIPT OF THIS VIA AN ELECTRONIC SIGNATURE. C) PATIENT STATEMENT NOTICES - ON THE PATIENT BILLING STATEMENTS, CEDARS-SINAI PROVIDES A DESCRIPTION OF ITS FINANCIAL ASSISTANCE POLICY AND PROGRAMS, ALONG WITH INFORMATION ABOUT HOW TO APPLY FOR FINANCIAL ASSISTANCE. PUBLICIZING THE POLICY: CEDARS-SINAI WIDELY PUBLICIZES ITS FINANCIAL ASSISTANCE POLICY AND PROGRAMS, INCLUDING DISTRIBUTION TO TARGETED COMMUNITY ORGANIZATIONS, AMONG A VARIETY OF OTHER MEANS, TO ALERT THE CEDARS-SINAI COMMUNITY TO THE AVAILABILITY OF FINANCIAL ASSISTANCE. THE FINANCIAL ASSISTANCE POLICY, THE APPLICATION FORM AND THE PLAIN LANGUAGE SUMMARY ARE AVAILABLE ON THE CEDARS-SINAI WEBSITE AT WWW.CEDARS-SINAI.ORG/BILLING-INSURANCE/FINANCIAL-ASSISTANCE.HTML</p>

Form and Line Reference	Explanation
PART VI, LINE 4:	<p> CEDARS-SINAI IS LOCATED AT 8700 BEVERLY BOULEVARD, LOS ANGELES, CALIFORNIA 90048. THE COMMUNITY BENEFIT SERVICE AREA INCLUDES LARGE PORTIONS OF SERVICE PLANNING AREAS (SPAS) 4 (MET RO), 5 (WEST) AND 6 (SOUTH), AND A SMALLER PORTION OF SPA 8 (SOUTH BAY) IN LOS ANGELES COUNTY. THE COMMUNITY BENEFIT SERVICE AREA CAN ALSO BE VIEWED BY LOS ANGELES CITY COUNCIL DISTRICTS, COVERING ALL OR PART OF DISTRICTS 1, 4, 5, 8, 9, 10, 13, 14 AND 15. THE COMMUNITY BENEFIT SERVICE AREA INCLUDES 52 ZIP CODES, REPRESENTING 25 CITIES OR NEIGHBORHOODS. HOWEVER, TWO ZIP CODES (90071 AND 90079 IN DOWNTOWN LOS ANGELES) HAVE NO RESIDENT POPULATION FROM THE CENSUS AND WILL NOT BE EXAMINED WITHIN THIS REPORT. TO DETERMINE THE COMMUNITY BENEFIT SERVICE AREA, CEDARS-SINAI TAKES INTO ACCOUNT THE ZIP CODES OF PATIENTS DISCHARGED FROM THE HOSPITAL; THE CURRENT UNDERSTANDING OF COMMUNITY NEED BASED ON THE MOST RECENT CHNA; AND LONG-STANDING COMMUNITY PROGRAMS AND PARTNERSHIPS. THERE ARE 6 OTHER HOSPITALS SERVING THE COMMUNITIES. CEDARS-SINAI COMMUNITY BENEFIT SERVICE AREA GEOGRAPHIC AREA ZIP CODE SPA DISTRICT BALDWIN HILLS 90008 SPA 6 BEVERLY HILLS 90210, 90211, 90212 SPA 5 N/CENTRAL LA 90013, 90014, 90015, 90017 SPA 4 1,9,14 CENTURY CITY 90067 SPA 5 SCRENSHAW 90016, 90018 SPA 6 8,10 CULVER CITY 90230, 90232 SPA 5 N/DOWNTOWN LA 90010, 90021, 90071, 90079 SPA 4 1,10, 14 FAIRFAX/MID-CITY 90019, 90036 SPA 4 4,10 HOLLYWOOD 90028, 90038 SPA 4 4,13 HYDE PARK 90043 SPA 6 8 INGLEWOOD 90301, 90302, 90303, 90305 SPA 8 N/A.L.A./COLISEUM & MLK BLVD 90011 SPA 6 9 L.A./MLK & HOBART 90062 SPA 6 8 LADERA HEIGHTS 90056 SPA 5 N/ALLENNOX 90304 SPA 8 N/SOUTH CENTRAL LA 90001, 90002, 90003, 90044, 90047 SPA 6 8,9,15 SOUTH LOS ANGELES 90059 SPA 6 15 UNIVERSITY 90037, 90089 SPA 6 9 USC 90007 SPA 6 1,9 WEST HOLLYWOOD 90046, 90048, 90069 SPA 4 4,5 WEST LA/PALMS 90034 SPA 5 5 WEST LA/RANCHO 90025, 90035, 90064 SPA 5 5 WESTWOOD 90024 SPA 5 5 WILSHIRE 90006, 90057 SPA 4 1,13 WILSHIRE/KOREATOWN 90004, 90005, 90020 SPA 4&6 1,4,13 THE POPULATION OF THE CEDARS-SINAI COMMUNITY BENEFIT SERVICE AREA IS 1,814,274. FROM 2011 TO 2016, THE POPULATION INCREASED BY 3.6%, HIGHER THAN THE 2.8% INCREASE IN THE COUNTY POPULATION. OF THE AREA POPULATION, 49.2% ARE MALE AND 50.8% ARE FEMALE. CHILDREN AND YOUTH, AGES 0-17, MAKE UP 22.0% OF THE POPULATION, 67.6% ARE ADULTS, AGES 18-64; AND 10.3% OF THE POPULATION ARE SENIORS, 65 AND OVER. THE COMMUNITY BENEFIT SERVICE AREA HAS A HIGHER PERCENTAGE OF CHILDREN, UNDER THE AGE OF 5, AND ADULTS, 18 TO 44, THAN THE COUNTY. IN THE CEDARS-SINAI COMMUNITY BENEFIT SERVICE AREA, 49.1% OF THE POPULATION IS HISPANIC/LATINO, 19.8% ARE WHITE, 18.4% ARE BLACK/AFRICAN AMERICAN, 10.1% ARE ASIAN, AND THE REMAINING 2.6% ARE AMERICAN INDIAN/ALASKAN NATIVE, NATIVE HAWAIIAN/PACIFIC ISLANDER, OTHER RACE/ETHNICITY, OR MULTIPLE RACES. THERE IS A LOWER PERCENTAGE OF WHITES AND ASIANS, AND A HIGHER PERCENTAGE OF HISPANIC/LATINOS AND BLACKS/AFRICAN AMERICANS, IN THE COMMUNITY BENEFIT SERVICE AREA THAN FOUND AT THE COUNTY LEVEL. THE LANGUAGES SPOKEN AT HOME BY AREA RESIDENTS MIRROR THE RACIAL/ETHNIC MAKE-UP OF THE CEDARS-SINAI COMMUNITY BENEFIT SERVICE AREA COMMUNITIES. SPANISH IS SPOKEN IN THE HOME AMONG 45.6% OF THE POPULATION. ENGLISH IS SPOKEN IN THE HOME AMONG 39.9% OF THE POPULATION, 7.9% OF THE POPULATION SPEAKS AN ASIAN LANGUAGE, AND 5.3% OF THE POPULATION SPEAKS AN INDO-EUROPEAN LANGUAGE IN THE HOME. WHEN EXAMINED AT THE ZIP CODE LEVEL, A NUMBER OF COMMUNITIES HAVE HIGH PERCENTAGES OF SPANISH SPEAKERS INCLUDING: LA/COLISEUM, SOUTH CENTRAL LOS ANGELES, AND ALLENNOX. NEIGHBORHOODS WITH A HIGH PERCENTAGE OF ASIAN LANGUAGE SPEAKERS INCLUDE: DOWNTOWN LA 90010, UNIVERSITY 90089, CENTURY CITY, AND THE WILSHIRE AND WILSHIRE/KOREATOWN AREAS. BEVERLY HILLS, WESTWOOD, WEST HOLLYWOOD AND WEST LOS ANGELES HAVE HIGHER RATES OF RESIDENTS WHO SPEAK INDO-EUROPEAN LANGUAGES AT HOME. POVERTY THRESHOLDS ARE USED FOR CALCULATING ALL OFFICIAL POVERTY POPULATION STATISTICS. THE CENSUS BUREAU ANNUALLY UPDATES OFFICIAL POVERTY POPULATION STATISTICS. FOR 2016, THE FEDERAL POVERTY LEVEL (FPL) WAS AN ANNUAL INCOME OF \$11,880 FOR ONE PERSON AND \$24,300 FOR A FAMILY OF FOUR. AMONG THE RESIDENTS REPRESENTED IN THE AREA SPAS, SPA 6 HAS THE HIGHEST POVERTY RATES. IN SPA 6, 37.8% ARE AT OR BELOW 100% OF THE FEDERAL POVERTY LEVEL (FPL) AND 70.3% ARE CONSIDERED LOW-INCOME AT 200% OR BELOW FPL. IN SPA 4, 31.2% ARE AT OR BELOW 100% FPL AND 55.6% BELOW 200% FPL. IN SPA 5, 5.9% ARE AT OR BELOW 100% FPL AND 17.7% BELOW 200% FPL. RATES OF POVERTY IN SPA 4 AND SPA 6 ARE HIGHER THAN FOUND IN THE COUNTY. A VIEW OF CHILDREN IN POVERTY INDICATES THAT 45.4% OF CHILDREN IN SPAS 4 AND 6 LIVE BELOW THE POVERTY LEVEL. IN SPA 6, 75.3% OF CHILDREN ARE CATEGORIZED AS LOW-INCOME (<200% FPL), 71.6% OF CHILDREN IN SPA 4 AND 4.9% OF CHILDREN IN SPA 5 ARE LOW-INCOME. FAMILIES IN POVERTY PAINT AN IMPORTANT PICTURE OF THE POPULATION WITHIN THE CEDARS-SINAI COMMUNITY BENEFIT SERVICE AREA. OVER ONE-QUARTER (26.3%) OF FAMILIES LIVE IN POVERTY. WHEN EXAMINED BY ZIP </p>

Form and Line Reference	Explanation
PART VI, LINE 4:	<p>CODE, COMMUNITY POVERTY RATES ARE HIGH AMONG FAMILIES IN CENTRAL LOS ANGELES, DOWNTOWN LA 90021, LA/COLISEUM, AND UNIVERSITY AND USC NEIGHBORHOODS. THE MEDIAN HOUSEHOLD INCOME IN THE COMMUNITY BENEFIT SERVICE AREA IS \$48,046 AND THE AVERAGE HOUSEHOLD INCOME IS \$72,501. THESE ARE LOWER THAN COMPARABLE COUNTY INCOMES. THE PERCENT OF STUDENTS ELIGIBLE FOR THE FREE AND REDUCED PRICE MEAL PROGRAM IS ONE INDICATOR OF SOCIOECONOMIC STATUS. AMONG LOS ANGELES UNIFIED SCHOOL DISTRICT SCHOOLS, OVER THREE-FOURTHS (78.8%) OF THE STUDENTS ARE ELIGIBLE FOR THE FREE AND REDUCED PRICE MEAL PROGRAM, INDICATING A HIGH LEVEL OF LOW-INCOME FAMILIES. IN THE INGLEWOOD UNIFIED SCHOOL DISTRICT, 80.8% OF STUDENTS QUALIFY FOR THE PROGRAM, AND 93.1% OF LENNOX SCHOOL DISTRICT STUDENTS ARE ELIGIBLE FOR THE FREE AND REDUCED PRICE MEAL PROGRAM. RESIDENTS IN SPA 6 HAVE HIGHER RATES OF PARTICIPATION IN GOVERNMENT SPONSORED PUBLIC PROGRAMS COMPARED TO RESIDENTS IN SPA 4 AND SPA 5. IN SPA 4, 46.4% OF ADULTS, BELOW 200% OF THE FPL, CANNOT AFFORD FOOD AND 25.5% UTILIZE FOOD STAMPS. IN SPA 6, 49.3% OF RESIDENTS BELOW 200% FPL CANNOT AFFORD FOOD AND 29% UTILIZE FOOD STAMPS. THESE RATES INDICATE A CONSIDERABLE PERCENTAGE OF RESIDENTS WHO MAY QUALIFY FOR FOOD STAMPS BUT DO NOT ACCESS THIS RESOURCE. WIC (WOMEN, INFANTS AND CHILDREN) BENEFITS ARE MORE READILY ACCESSED. AMONG CHILDREN IN SPA 4, 53.6% ACCESS WIC BENEFITS, AND 69.9% IN SPA 6 ACCESS WIC BENEFITS. SPA 5 RESPONDENTS DID NOT REPORT ACCESSING WIC FOR THEIR CHILDREN. AMONG SPA 6 RESIDENTS, 15.8% ARE TANF/CALWORKS RECIPIENTS; 10.7% OF SPA 4 RESIDENTS AND 2.5% OF SPA 5 RESIDENTS ARE TANF/CALWORKS RECIPIENTS. 32.7% OF THE POPULATION IN SPA 4, 10.4% IN SPA 5, AND 48.7% IN SPA 6 HAD MEDICAL COVERAGE. IN SPA 4, 30.3% HAD EMPLOYMENT-BASED INSURANCE, WHILE OVER HALF THE POPULATION IN SPA 5 (51.4%) HAD EMPLOYMENT-BASED INSURANCE. IN SPA 6, 22.7% OF THE POPULATION HAD EMPLOYMENT-BASED INSURANCE.</p>

Form and Line Reference	Explanation
PART VI, LINE 5:	<p> CEDARS-SINAI MEDICAL CENTER 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. IN COLLABORATION WITH EXPERT MEDICAL STAFF, ADMINISTRATIVE LEADERS AND COMMUNITY PARTNERS, CEDARS-SINAI HAS MADE A SIGNIFICANT CONTRIBUTION-BOTH IN QUANTIFIABLE AND NON-QUANTIFIABLE TERMS-TO THE BENEFIT OF THE COMMUNITY. CEDARS-SINAI PROVIDES A BREADTH OF SERVICES TO MEET IDENTIFIED HEALTH NEEDS IN THE COMMUNITY. MANY CEDARS-SINAI PROGRAMS ARE OPERATED AT A FINANCIAL LOSS, BUT CONTINUE TO BE OFFERED BECAUSE THEY ARE AN IMPORTANT PART OF THE MEDICAL CENTER'S MISSION TO SERVE THE COMMUNITY'S HEALTH NEEDS. CEDARS-SINAI IS GOVERNED BY A BOARD OF DIRECTORS THAT IS COMPOSED OF MEMBERS OF THE COMMUNITY. FURTHERMORE, 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 \$240,000,000 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. IF THERE IS ANY SUBSIDY DONATED FOR THESE SERVICES, THAT AMOUNT IS DEDUCTED FROM THE GROSS AMOUNT. 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 MEDICAL PROGRAM AND ENROLLED IN HMO AND PPO PLANS UNDER CONTRACT WITH THE MEDICAL 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 MEDICAL. UNREIMBURSED COSTS OF SPECIALTY GOVERNMENT PROGRAMS - ALSO PROVIDES COMMUNITY BENEFIT UNDER SUCH PROGRAMS AS THE VETERANS ADMINISTRATION, LOS ANGELES POLICE DEPARTMENT, LOS ANGELES COUNTY TRAUMA, AND OTHER PROGRAMS TO BENEFIT THE INDIGENT. THIS AMOUNT REPRESENTS THE UNPAID COST OF SERVICES PROVIDED TO PATIENTS IN THESE VARIOUS MEANS-TESTED PROGRAMS. IF THIS COMMUNITY BENEFIT WAS NOT PROVIDED, THE FEDERAL, STATE OR LOCAL GOVERNMENTS WOULD NEED TO FURNISH THESE SERVICES. THESE COSTS ARE INCLUDED IN THE IRS FORM 990 SCHEDULE H PART I LINE 7C. 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. INCLUDED IN THESE AMOUNTS ARE \$31,546,000 FOR THE YEAR ENDED JUNE 30, 2020 OF UNPAID COSTS OF SERVICES PROVIDED TO PATIENTS IN THE MEDICARE PROGRAM THAT ARE ALSO ELIGIBLE FOR THE MEDICAL PROGRAM (DUAL ELIGIBLE BENEFICIARIES). THIS IS SIGNIFICANT IN THAT THESE PATIENTS TEND TO BE MORE COSTLY THAN NON-DUAL ELIGIBLE PATIENTS DUE TO THE COROLLARY SOCIO-ECONOMIC CHALLENGES THEY FACE. THESE PATIENTS OFTEN REQUIRE MORE FREQUENT CARE AND MORE COSTLY CARE WHEN COMPARED TO TRADITIONAL MEDICARE ONLY PATIENTS. 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 PROFESSIONALS 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, F, AND I. BELOW ARE SOME EXAMPLES OF COSTS INCLUDED IN THIS CATEGORY OF THE COMMUNITY BENEFIT CONTRIBUTION: HEALTH PROFESSIONALS EDUCATION AS 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 70 PHYSICIAN SPECIALTY AND SUBSPECIALTY AREAS; AND OTHER HEALTH PROFESSIONALS EDUCATION PROGRAMS INCLUDING DEGREE PROGRAMS AND EXTENSIVE EDUCATIONAL RESOURCES FOR ASPIRING AND CURRENT NURSES, DIETICIANS, PSYCHOLOGISTS, PARAMEDICS, PATHOLOGISTS, RESEARCHERS, REHABILITATION PROFESSIONALS AND CHAPLAINS. 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 AND COMMUNITY CLINICS THROUGHOUT LOS ANGELES - ALL SERVING UNDERSERVED, UNINSURED AND UNDERINSURED POPULATIONS.* EACH YEAR, CEDARS-SINAI TAKES PART IN COMMUNITY-BASED ACTIVITIES INCLUDING HEALTH FAIRS, EXERCISE PROGRAMS, AND SCREENING PROGRAMS FOR CONDITIONS SUCH AS CARDIOVASCULAR DISEASE, DEPRESSION, DIABETES AND HYP </p>

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>ERTENSION, AS WELL 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 UNDER SERVED COMMUNITIES. SIGNATURE COMMUNITY BENEFIT PROGRAMS SEEK TO IMPROVE HEALTH IN COMMUNITIES BY BUILDING STRONG PARTNERSHIPS, BUILDING COMMUNITY CAPACITIES AND PROVIDING DIRECT EDUCATION. RESEARCH PROGRAMS - CEDARS-SINAI'S CURRENTLY HAS OVER 2,000 ACTIVE RESEARCH PROJECTS AND HAS MADE SIGNIFICANT CONTRIBUTIONS TO THE DEVELOPMENT OF NEW MEDICAL TREATMENTS, TECHNOLOGY, MEDICAL KNOWLEDGE AND PRACTICE. CEDARS-SINAI RANKS AMONG THE NATION'S TOP NON-UNIVERSITY HOSPITALS IN NATIONAL INSTITUTES OF HEALTH (NIH) RESEARCH FUNDING - CEDARS-SINAI RECEIVED OVER \$149 MILLION IN RESEARCH FUNDING THIS YEAR. THESE COSTS ARE INCLUDED IN THE IRS FORM 990 SCHEDULE H PART I LINE 7.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6:	CEDARS-SINAI MEDICAL CENTER, WITH 889 LICENSED BEDS, IS AN AFFILIATE OF CEDARS-SINAI HEALTH SYSTEM. CEDARS-SINAI HEALTH SYSTEM INCLUDES THE 133-BED CEDARS-SINAI MARINA DEL REY HOSPITAL, WHICH HAS A MULTISPECIALTY PHYSICIAN NETWORK AND MANY PRIMARY CARE, URGENT CARE, AND SPECIALTY CARE CENTERS THROUGHOUT THE LOS ANGELES REGION. IT IS ALSO A MAJOR RESEARCH AND EDUCATION CENTER. CEDARS-SINAI HEALTH SYSTEM INCLUDES THE 610-BED TORRANCE MEMORIAL MEDICAL CENTER, A MULTISPECIALTY PHYSICIAN GROUP, AN INDEPENDENT PHYSICIAN ASSOCIATION, AND AN ACCOUNTABLE CARE ORGANIZATION. IT ALSO HAS SEVERAL OUTPATIENT CENTERS LOCATED THROUGHOUT THE SOUTH BAY REGION. THE AFFILIATION ENABLES EACH INSTITUTION TO CONTINUE THE UNIQUE RELATIONSHIPS EACH HAS WITH THE COMMUNITIES IT SERVES, WHILE PROVIDING A PLATFORM FOR A WIDE VARIETY OF COLLABORATIONS TO BETTER SERVE THE REGION.

990 Schedule H, Supplemental Information

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

Additional Data**Software ID:****Software Version:****EIN:** 95-1644600**Name:** CEDARS-SINAI MEDICAL CENTER**Form 990 Schedule H, Part V Section A. Hospital Facilities**

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		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
1	CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD LOS ANGELES, CA 90048 WWW.CEDARS-SINAI.ORG 930000110	X	X		X		X	X			

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	<p>PART V, SECTION B, LINE 3J: THE CHNA HELPS TO IDENTIFY THE UNMET HEALTH NEEDS OF THE COMMUNITIES SERVED BY CEDARS-SINAI MEDICAL CENTER AND PROVIDES A FRAMEWORK FOR PRIORITIZING HOW THE HOSPITAL WILL ADDRESS UNMET COMMUNITY NEEDS THROUGH THE PROVISION OF COMMUNITY HEALTH SERVICES. CEDARS-SINAI'S MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT FOR JULY 1, 2019 THROUGH JUNE 30, 2022 WAS APPROVED BY ITS GOVERNING BODY IN MAY 2019. THE NEXT COMMUNITY HEALTH NEEDS ASSESSMENT COVERS THE THREE YEAR PERIOD BEGINNING ON JULY 1, 2022. COMMUNITY BENEFIT SERVICE AREA: CEDARS-SINAI IS LOCATED AT 8700 BEVERLY BOULEVARD, LOS ANGELES, CALIFORNIA 90048. ITS COMMUNITY BENEFIT SERVICE AREA FOR 2019-2022 INCLUDES LARGE PORTIONS OF SERVICE PLANNING AREAS (SPAS): 4 (METRO), 5 (WEST) AND 6 (SOUTH), AND A SMALLER PORTION OF SPA 8 (SOUTH BAY). THE COMMUNITY BENEFIT SERVICE AREA CAN ALSO BE VIEWED BY LOS ANGELES CITY COUNCIL DISTRICTS, COVERING ALL OR PART OF DISTRICTS 1, 4, 5, 8, 9, 10, 13, 14 AND 15. THE COMMUNITY BENEFIT SERVICE AREA INCLUDES 52 ZIP CODES, REPRESENTING 25 CITIES OR NEIGHBORHOODS. HOWEVER, TWO ZIP CODES (90071 AND 90079 IN DOWNTOWN LOS ANGELES) HAVE NO RESIDENT POPULATION FROM THE CENSUS AND WILL NOT BE EXAMINED WITHIN THIS REPORT. CEDARS-SINAI DETERMINES THE COMMUNITY BENEFIT SERVICE AREA BY ASSIGNING ZIP CODES BASED UPON PATIENT DISCHARGE STATUS; THE CURRENT UNDERSTANDING OF COMMUNITY NEED BASED ON THE MOST RECENT CHNA; AND LONG-STANDING COMMUNITY PROGRAMS AND PARTNERSHIPS. CEDARS-SINAI COMMUNITY BENEFIT SERVICE AREA (CURRENT): THE TOTAL POPULATION FOR CEDARS-SINAI COMMUNITY BENEFIT SERVICE AREA (CURRENT) IS 1,814,274. THE TOTAL POPULATION FOR LOS ANGELES COUNTY 10,057,155. RACE/ETHNICITY THE POPULATION CHARACTERISTICS FOR CEDARS-SINAI COMMUNITY BENEFIT SERVICE AREA (CURRENT) ARE AS FOLLOWS: HISPANIC/LATINO (49.1%), WHITE (19.8%), BLACK/AFRICAN AMERICAN (18.4%), ASIAN (10.1%), AMERICAN INDIAN/ALASKAN NATIVE (0.1%), NATIVE HAWAIIAN/PACIFIC ISLANDER (0.1%), OTHER (2.4%) AGELESS THAN 18 YEARS (22%), 18-24 (12%), 25-64 (55.6%), GREATER THAN 65 YEARS (10.3%) GENDER FEMALE (50.8%), MALE (49.2%) SOCIOECONOMIC STATUS POVERTY THRESHOLDS ARE USED FOR CALCULATING ALL OFFICIAL POVERTY POPULATION STATISTICS. THE CENSUS BUREAU ANNUALLY UPDATES OFFICIAL POVERTY POPULATION STATISTICS. FOR 2016, THE FEDERAL POVERTY LEVEL (FPL) WAS AN ANNUAL INCOME OF \$11,880 FOR ONE PERSON AND \$24,300 FOR A FAMILY OF FOUR. FAMILIES LIVING BELOW THE POVERTY LINE IN CEDARS-SINAI SERVICE AREA (26.3%); LOS ANGELES COUNTY (17.8%) HOUSEHOLDS IN THE CEDARS-SINAI COMMUNITY BENEFIT SERVICE AREA THERE ARE 646,268 HOUSEHOLDS AND 696,830 HOUSING UNITS. OVER THE LAST FIVE YEARS, THE POPULATION GREW BY 3.6% AND HOUSEHOLDS GREW BY 3.3%. HOUSING UNITS GREW AT A LOWER RATE (2.6%) AND VACANT UNITS DECREASED BY 5.2%. HOME-OWNERSHIP ALSO DECREASED, WITH 1.5% FEWER UNITS OCCUPIED BY OWNERS, WHILE RENTER-OCCUPIED UNITS INCREASED BY 7.3%. HOUSEHOLD INCOME THE MEDIAN HOUSEHOLD INCOME IN THE COMMUNITY BENEFIT SERVICE AREA IS \$48,046</p>

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	<p>AND THE AVERAGE HOUSEHOLD INCOME IS \$72,501. UNEMPLOYMENT THE UNEMPLOYMENT RATES OF CEDARS -SINAI COMMUNITY BENEFIT SERVICE AREA CITIES RANGE FROM 3.3% IN CULVER CITY TO 7.2% IN ING LEWOOD. LOS ANGELES HAS AN UNEMPLOYMENT RATE OF 4.8%, WHICH IS THE SAME AS THE STATE UNEMPLOYMENT RATE. EDUCATIONAL ATTAINMENT AMONG AREA ADULTS, AGES 25 AND OLDER, 27.5% LACK A HIGH SCHOOL DIPLOMA. 19.2% OF ADULTS ARE HIGH SCHOOL GRADUATES AND 35.7% OF AREA ADULTS ARE COLLEGE GRADUATES. DATA COLLECTION SECONDARY DATA SECONDARY DATA WERE COLLECTED FROM A VARIETY OF LOCAL, COUNTY AND STATE SOURCES TO PRESENT COMMUNITY DEMOGRAPHICS, SOCIAL DETERMINANTS OF HEALTH, HEALTH CARE ACCESS, BIRTH INDICATORS, LEADING CAUSES OF DEATH, ACUTE AND CHRONIC DISEASE, HEALTH BEHAVIORS, MENTAL HEALTH, SUBSTANCE USE AND MISUSE, AND PREVENTIVE PRACTICES. WHEN AVAILABLE, DATA SETS ARE PRESENTED IN THE CONTEXT OF LOS ANGELES COUNTY AND CALIFORNIA TO HELP FRAME THE SCOPE OF AN ISSUE AS IT RELATES TO THE BROADER COMMUNITY. SOURCES OF DATA INCLUDE: THE U.S. CENSUS AMERICAN COMMUNITY SURVEY, CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, CALIFORNIA HEALTH INTERVIEW SURVEY, LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH, THINK HEALTH LA, COUNTY HEALTH RANKINGS, CALIFORNIA DEPARTMENT OF EDUCATION, CALIFORNIA OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT AND CALIFORNIA DEPARTMENT OF JUSTICE, AMONG OTHERS. SECONDARY DATA FOR THE SERVICE AREA WERE COLLECTED AND DOCUMENTED IN DATA TABLES WITH NARRATIVE EXPLANATION. THE TABLES PRESENT THE DATA INDICATOR, THE GEOGRAPHIC AREA REPRESENTED, THE DATA MEASUREMENT (E.G. RATE, NUMBER, OR PERCENT), COUNTY AND STATE COMPARISONS (WHEN AVAILABLE), THE DATA SOURCE, DATA YEAR AND AN ELECTRONIC LINK TO THE DATA SOURCE. ANALYSIS OF SECONDARY DATA INCLUDES AN EXAMINATION AND REPORTING OF HEALTH DISPARITIES FOR SOME HEALTH INDICATORS. THE REPORT INCLUDES BENCHMARK COMPARISON DATA THAT MEASURE THE DATA FINDINGS AS COMPARED TO HEALTHY PEOPLE 2020 OBJECTIVES, WHERE APPROPRIATE. HEALTHY PEOPLE 2020 OBJECTIVES ARE A NATIONAL INITIATIVE TO IMPROVE THE PUBLIC'S HEALTH BY PROVIDING MEASURABLE OBJECTIVES AND GOALS THAT ARE APPLICABLE AT NATIONAL, STATE, AND LOCAL LEVELS. SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED FROM SECONDARY DATA USING THE SIZE OF THE PROBLEM (RELATIVE PORTION OF POPULATION AFFLICTED BY THE PROBLEM) AND THE SERIOUSNESS OF THE PROBLEM (IMPACT AT INDIVIDUAL, FAMILY, AND COMMUNITY LEVELS). TO DETERMINE SIZE OR SERIOUSNESS OF THE PROBLEM, THE HEALTH NEED INDICATORS THAT WERE IDENTIFIED IN THE SECONDARY DATA WERE MEASURED AGAINST BENCHMARK DATA; SPECIFICALLY, COUNTY RATES, STATE RATES AND/OR HEALTHY PEOPLE 2020 OBJECTIVES. INDICATORS RELATED TO THE HEALTH NEEDS, WHICH PERFORMED POORLY AGAINST ONE OR MORE OF THESE BENCHMARKS MET THIS CRITERION TO BE CONSIDERED A HEALTH NEED. THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE DETERMINED: *ACCESS TO CARE* CHRONIC DISEASES (ASTHMA, CANCER, DIABETES, HEART DISEASE, STROKE, HIV)* COMMUNITY SAFETY (CRIME AND VIOLENCE)* DENTAL CARE* ECONOMIC INSECURITY</p>

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	<p>CURITY*FOOD INSECURITY*HOUSING AND HOMELESSNESS*MENTAL HEALTH*OVERWEIGHT AND OBESITY (HEALTHY EATING AND PHYSICAL ACTIVITY)*PREVENTIVE PRACTICES*SEXUALLY TRANSMITTED INFECTIONS*SUBSTANCE USE AND MISUSE THE LIST OF SIGNIFICANT HEALTH NEEDS INFORMED PRIMARY DATA COLLECTION. THE PRIMARY DATA COLLECTION PROCESS WAS DESIGNED TO VALIDATE SECONDARY DATA FINDINGS, IDENTIFY ADDITIONAL COMMUNITY ISSUES, SOLICIT INFORMATION ON DISPARITIES AMONG SUBPOPULATIONS, ASCERTAIN COMMUNITY ASSETS TO ADDRESS NEEDS AND DISCOVER GAPS IN RESOURCES. COMMUNITY STAKEHOLDER INTERVIEWS WERE USED TO GATHER INPUT AND PRIORITIZE THE SIGNIFICANT HEALTH NEEDS. ACUTE AND CHRONIC DISEASE AMBULATORY CARE SENSITIVE CONDITIONS AMBULATORY CARE SENSITIVE (ACS) CONDITIONS ARE DEFINED AS "THOSE CONDITIONS RESULTING IN HOSPITAL ADMISSIONS THAT WITH IMPROVED HIGH QUALITY OUTPATIENT CARE COULD OTHERWISE HAVE BEEN AVOIDED, RESULTING IN LOWER COST TO THE HOSPITAL AND BETTER QUALITY OF LIFE FOR THE PATIENT" (AHRQ, 2004). IN THE COMMUNITY BENEFIT SERVICE AREA, THE TOP FOUR ACS CONDITIONS RESULTING IN HOSPITALIZATION WERE CONGESTIVE HEART FAILURE, DIABETES, COPD, AND URINARY TRACT INFECTIONS. WHEN COMPARED TO HOSPITALIZATION RATES IN LA COUNTY, ALL AREA RATES FOR HOSPITALIZATIONS EXCEEDED THE COUNTY RATES FOR THE ACS CONDITIONS WITH THE EXCEPTION OF BACTERIAL PNEUMONIA. DIABETES THE PERCENT OF ADULTS DIAGNOSED WITH DIABETES IN COMMUNITY BENEFIT SERVICE AREA CITIES AND LA COUNTY COUNCIL DISTRICTS (WHERE DATA WERE AVAILABLE) RANGED FROM A LOW OF 5% IN DISTRICT 5 TO A HIGH OF 15% IN DISTRICT 8. AMONG ADULTS IN SPA 4, 10.1% HAVE BEEN DIAGNOSED WITH DIABETES, 6.3% IN ADULTS IN SPA 5, AND 12.7% OF ADULTS IN SPA 6 REPORTED THEY HAVE BEEN DIAGNOSED WITH DIABETES. FOR ADULTS WITH DIABETES, 74.7% IN SPA 5 FELT VERY CONFIDENT THEY COULD CONTROL THEIR DIABETES, 57.4% OF ADULTS WITH DIABETES IN SPA 6 AND 41.4% OF ADULTS WITH DIABETES IN SPA 4 FELT VERY CONFIDENT THEY COULD CONTROL THEIR DIABETES. AMONG AFRICAN AMERICAN ADULTS, 15.8% HAVE BEEN DIAGNOSED WITH DIABETES, 10.2% OF ASIAN RESIDENTS OF SPAS 4, 5 AND 6 HAVE BEEN DIAGNOSED WITH DIABETES. 10.9% OF LATINO ADULTS AND 6% OF WHITE ADULTS HAVE BEEN DIAGNOSED WITH DIABETES. DIABETES IS AN AMBULATORY CARE SENSITIVE (ACS) CONDITION. HOSPITALIZATIONS FOR DIABETES IN THE COMMUNITY BENEFIT SERVICE AREA OCCUR AT A RATE OF 24.5 PER 10,000 PERSONS AND THE ER VISITS FOR DIABETES OCCUR AT A RATE OF 30.1 PER 10,000 PERSONS. THESE RATES ARE HIGHER THAN THE DIABETES HOSPITALIZATION AND ER RATES IN LA COUNTY.</p>

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	<p>PART V, SECTION B, LINE 3J: (CONTINUED)HIGH BLOOD PRESSUREA CO-MORBIDITY FACTOR FOR DIABET ES AND HEART DISEASE IS HYPERTENSION (HIGH BLOOD PRESSURE). IN SPA 4, 27.7% OF ADULTS ARE DIAGNOSED WITH HIGH BLOOD PRESSURE. 24.3% OF ADULTS IN SPA 5 AND 32.7% OF ADULTS IN SPA 6 HAVE BEEN DIAGNOSED WITH HIGH BLOOD PRESSURE. OF THOSE DIAGNOSED WITH HIGH BLOOD PRESSURE, 60.6% IN SPA 4, 69.9% IN SPA 5, AND 63.9% IN SPA 6 REPORTED TAKING MEDICATION TO MANAGE T HEIR HIGH BLOOD PRESSURE.IN SPAS 4, 5 AND 6, 47% OF AFRICAN AMERICANS ADULTS INDICATED THE Y HAVE HIGH BLOOD PRESSURE; THIS IS HIGHER THAN THE RATES OF HIGH BLOOD PRESSURE REPORTED AMONG AFRICAN AMERICANS IN LA COUNTY AND CALIFORNIA. 27.9% OF WHITES, 24.9% OF LATINOS, AN D 23.4% OF ASIANS REPORTED HIGH BLOOD PRESSURE.THE HOSPITALIZATION RATE FOR HYPERTENSION A MONG ADULTS IN THE COMMUNITY BENEFIT SERVICE AREA IS 7.7 PER 10,000 PERSONS AND THE ER RAT E FOR HYPERTENSION IS 30.5 PER 10,000 PERSONS. THESE RATES ARE HIGHER THAN FOUND IN THE CO UNTY.HEART DISEASEFOR ADULTS IN SPA 4, 3.8% REPORTED THEY HAVE BEEN DIAGNOSED WITH HEART D ISEASE. 5.3% OF ADULTS IN SPA 5, AND 5.4% OF SPA 6 ADULTS REPORTED THEY HAVE BEEN DIAGNOSE D WITH HEART DISEASE. AMONG ADULTS DIAGNOSED WITH HEART DISEASE, 88.7% IN SPA 5 WERE GIVEN A MANAGEMENT CARE PLAN BY A HEALTH CARE PROVIDER, 66% IN SPA 6 WERE GIVEN A MANAGEMENT CA RE PLAN BY A HEALTH CARE PROVIDER, AND 66.5% IN SPA 4 WERE GIVEN A MANAGEMENT CARE PLAN BY A HEALTH CARE PROVIDER.SPAS 4, 5 AND 6 HAVE HIGHER RATES OF HEART DISEASE AMONG AFRICAN AMERICANS (6.9%) THAN WERE REPORTED IN THE COUNTY (6.2%) OR STATE (5.6%).ASTHMATHE POPULATI ON DIAGNOSED WITH ASTHMA IN SPA 4 IS 11.7%, IN SPA 5 7% OF THE POPULATION HAS ASTHMA, AND IN SPA 6 6.8% HAS ASTHMA. AMONG THOSE WITH ASTHMA, 56.9% IN SPA 4, 28.6% IN SPA 5 AND 39.8 % IN SPA 6 TAKE MEDICATION TO CONTROL THEIR SYMPTOMS. AMONG YOUTH IN SPA 4, 10.6% HAVE BEE N DIAGNOSED WITH ASTHMA, 7.8% OF YOUTH IN SPA 5 AND 9.5% OF YOUTH IN SPA 6 HAVE BEEN DIAGN OSED WITH ASTHMA.ASTHMA-RELATED HOSPITALIZATIONS AMONG CHILDREN IN THE COMMUNITY BENEFIT S ERVICE AREA ARE HIGHER (12.7 AD MISSIONS PER 10,000 CHILDREN) THAN LA COUNTY RATES (10.9 AD MISSIONS PER 10,000 CHILDREN).CANCERCANCER INCIDENCE RATES ARE AVAILABLE AT THE COUNTY LEV EL. IN LOS ANGELES COUNTY, CANCER RATES ARE LOWER OVERALL THAN AT THE STATE LEVEL; HOWEVER , THE RATES OF COLORECTAL CANCER (36.3 PER 100,000 PERSONS), UTERINE CANCERS, (25.9 PER 10 0,000), THYROID CANCER (13.6 PER 100,000 PERSONS), AND OVARIAN CANCER (12.0 PER 100,000) E XCEED THE STATE RATES.RATES OF NEWLY DIAGNOSED BREAST CANCER PER 100,000 FEMALES, RANGED F ROM A LOW OF 79.3 PER 100,000 WOMEN IN CITY COUNCIL DISTRICT 15 TO A HIGH OF 193.5 IN BEVE RLY HILLS.HIVTHE HIV RATE IN LA COUNTY HAS DECREASED SINCE 2007. IN 2015, 626 CASES OF HIV WERE DIAGNOSED IN SPA 4 (54 PER 100,000 PERSONS), 90 CASES WERE DIAGNOSED IN SPA 5 (14 PE R 100,000 PERSONS), AND 291 CASES OF HIV WERE DIAGNOSED IN SPA 6 (28 PER 100,000 PERSONS). THE RATE OF HIV DIAGNOSED IN</p>

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	<p>2015 HAS DECREASED FROM 2014 FOR SPAS 4, 5 AND THE COUNTY, WHILE RISING SLIGHTLY FOR SPA 6 . RATES OF NEW HIV DIAGNOSES ARE HIGHEST AMONG MALES, YOUNG ADULTS 20-29, AND BLACKS/AFRICAN AMERICANS.AMONG THE COMMUNITY BENEFIT SERVICE AREA SPAS, SPA 4 HAS THE HIGHEST RATE OF PERSONS LIVING WITH HIV (1,531 PER 100,000 PERSONS). IN SPA 6 THE RATE IS 565 PER 100,000 PERSONS, AND IN SPA 5 THE RATE IS 378 PER 100,000 PERSONS LIVING WITH HIV.IDENTIFYING AND PRIORITIZING COMMUNITY HEALTH NEEDSCEDARS-SINAI DEVELOPED AND APPROVED AN IMPLEMENTATION S TRATEGY TO ADDRESS SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE 2019-2022 COMMUNITY HEALTH N EEDS ASSESSMENT. THE IMPLEMENTATION STRATEGY ADDRESSED THE FOLLOWING HEALTH NEEDS THROUGH A COMMITMENT OF COMMUNITY BENEFIT PROGRAMS AND RESOURCES.HEALTH FOCUS AREASACCESS TO CARE: COMMUNITY BENEFIT EFFORTS FOCUS ON INCREASING AND SUPPORTING ACCESS TO ESSENTIAL HEALTH C ARE SERVICES FOR THE UNDERSERVED THROUGH DIRECT PROGRAMS AND PARTNERSHIPS WITH LOCAL COMMU NITY-BASED ORGANIZATIONS. PROGRAMS, PARTNERSHIPS AND STRATEGIES ADDRESS THE FOLLOWING ACCE SS TO CARE PRIORITY HEALTH NEEDS: *PRIMARY CARE *MENTAL HEALTH *PREVENTIVE CARE CHRONIC DI SEASE: COMMUNITY BENEFIT EFFORTS FOCUS ON PREVENTING CHRONIC HEALTH CONDITIONS AND THEIR U NDERLYING RISK FACTORS. PROGRAMS, PARTNERSHIPS AND STRATEGIES ADDRESS THE FOLLOWING PRIORI TY HEALTH NEEDS RELATED TO CHRONIC DISEASE: *CANCER *CARDIOVASCULAR DISEASE *DIABETES *OVE RWEIGHT AND OBESITY: HEALTHY FOOD CHOICES AND PHYSICAL ACTIVITY HOMELESSNESS: COMMUNITY BE NEFIT EFFORTS FOCUS ON CONNECTING PEOPLE EXPERIENCING HOMELESSNESS TO COMMUNITY-BASED PROG RAMS AND SERVICES AS WELL AS BUILDING STRATEGIES TO IMPROVE THE HEALTH AND HOUSING STABI LITY OF HOMELESS INDIVIDUALS.IMPACTSTRATEGIES TO ADDRESS THE PRIORITY HEALTH NEEDS WERE IDEN TIFIED AND IMPACT MEASURES TRACKED. PART V, SECTION B, LINE 3E: THE SIGNIFICANT HEALTH NEE DS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDEN TIFIED THROUGH THE CHNA.</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 5: IN CONDUCTING CEDARS-SINAI'S MOST RECENT CHNA, THE HOSPITAL FACILITY TOOK 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. TARGETED INTERVIEWS WERE USED TO GATHER INFORMATION AND OPINIONS FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL. INTERVIEWS WERE COMPLETED FROM NOVEMBER 2018 TO JANUARY 2019. INTERVIEWEES INCLUDED INDIVIDUALS WHO ARE LEADERS AND/OR REPRESENTATIVES OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS, AS WELL AS REPRESENTATIVES FROM LOCAL GOVERNMENT AGENCIES, INCLUDING THE LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 6A: CEDARS-SINAI MEDICAL CENTER PARTICIPATED IN A COLLABORATIVE PROCESS FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT IN PARTNERSHIP WITH CEDARS-SINAI MARINA DEL REY HOSPITAL, KAISER PERMANENTE WEST LOS ANGELES MEDICAL CENTER, PROVIDENCE ST. JOHN'S HEALTH CENTER, AND UCLA HEALTH. GIVEN THAT THESE HOSPITAL FACILITIES SHARE AN OVERLAPPING SERVICE AREA, A COLLABORATIVE EFFORT REDUCED REDUNDANCIES AND INCREASED DATA COLLECTION EFFICIENCY.

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	<p>PART V, SECTION B, LINE 11: PRIORITY HEALTH NEEDS ACCESS TO CARE: SELECTED COMMUNITY BENEFIT EFFORTS FOCUSED ON INCREASING AND SUPPORTING ACCESS TO ESSENTIAL HEALTH CARE SERVICES FOR THE UNDERSERVED THROUGH DIRECT PROGRAMS AND PARTNERSHIPS WITH LOCAL COMMUNITY-BASED ORGANIZATIONS. PROGRAMS, PARTNERSHIPS AND STRATEGIES ADDRESSED THE FOLLOWING ACCESS-TO-CARE PRIORITY HEALTH NEEDS: *PRIMARY CARE *SPECIALTY CARE *MENTAL HEALTH *PREVENTIVE CARE CHRONIC DISEASE: COMMUNITY BENEFIT EFFORTS ALSO FOCUSED ON THE PREVENTION OF KEY CHRONIC HEALTH CONDITIONS AND THEIR UNDERLYING RISK FACTORS. PROGRAMS, PARTNERSHIPS AND STRATEGIES ADDRESSED THE FOLLOWING PRIORITY HEALTH NEEDS RELATED TO CHRONIC DISEASE: *CARDIOVASCULAR DISEASE *DIABETES *CANCER *OVERWEIGHT/OBESITY: HEALTHY FOOD CHOICES AND PHYSICAL ACTIVITY *PREVENTIVE CARE THE FOLLOWING COMMUNITY BENEFIT PROGRAMS, SERVICES, PARTNERSHIPS AND STRATEGIES ADDRESS THE PRIORITY HEALTH NEEDS RELATED TO ACCESS-TO-CARE: *ACCESS TO HEALTH CARE CEDARS-SINAI IS ONE OF THE LARGEST PROVIDERS OF MEDICAL SERVICES AMONG NON-GOVERNMENT HOSPITALS IN CALIFORNIA. THE HOSPITAL PROVIDED AVAILABLE FINANCIAL ASSISTANCE TO QUALIFIED PATIENTS. *COMMUNITY OUTREACH ASSISTANCE FOR CHILDREN'S HEALTH (COACH) - FOR KIDS AND THEIR FAMILIES CEDARS-SINAI OPERATES TWO STATE-OF-THE-ART MOBILE MEDICAL CLINICS STAFFED BY AN EXPERT TEAM OF BILINGUAL ENGLISH/SPANISH NURSE PRACTITIONERS, REGISTERED NURSES, SOCIAL WORKERS, DENTAL HYGIENIST, AND OTHER HEALTHCARE PROFESSIONALS FROM CEDARS-SINAI MEDICAL CENTER. COACH PREVENTIVE SERVICES INCLUDE WELL-CHILD AND IMMUNIZATION CLINICS FOR CHILDREN, DENTAL SCREENINGS AND FLUORIDE VARNISH SERVICES FOR CHILDREN AND ADULTS, BMI/BP SCREENING CLINICS FOR ADULTS, NUTRITION AND FITNESS EDUCATION, AND LINKAGES TO HEALTH HOMES. COACH SERVES COMMUNITIES IN DOWNTOWN/SKID ROW, PICO-UNION/CENTRAL LOS ANGELES, SOUTH LOS ANGELES, WATTS, COMPTON, INGLEWOOD, CRENSHAW/MID-CITY, AND HOLLYWOOD/WEST HOLLYWOOD. HEALTH CARE SERVICES ARE PROVIDED AT HEAD-START CENTERS, ELEMENTARY, MIDDLE, AND HIGH SCHOOLS, COMMUNITY-BASED AGENCIES, FAMILY HOMELESS SHELTERS AND PUBLIC HOUSING DEVELOPMENTS. COACH COLLABORATES WITH MORE THAN 200 PUBLIC AND PRIVATE COMMUNITY ORGANIZATIONS, INCLUDING THE LOS ANGELES UNIFIED SCHOOL DISTRICT, CHILDREN'S INSTITUTE INC., INGLEWOOD UNIFIED SCHOOL DISTRICT, THE HOUSING AUTHORITY OF THE CITY OF LOS ANGELES (HACLA), SOUTH LOS ANGELES HEALTH PROJECTS WIC, PUBLIC HEALTH FOUNDATION ENTERPRISES WIC, AND UPWARD BOUND HOUSE SHELTERS. CURRENT SUPPORTERS OF COACH INCLUDE THE CHILDREN'S HEALTH FUND. *AMBULATORY CARE CLINIC THE GENERAL INTERNAL MEDICINE CLINIC IN THE CEDARS-SINAI AMBULATORY CARE CENTER PROVIDED OUTPATIENT SERVICES TO THE ADULT POPULATION. THIS CARE INCLUDED SCREENING, PREVENTIVE HEALTH MEASURES, AND MANAGEMENT OF DIABETES AND CARDIOVASCULAR DISEASE. ATTENDING PHYSICIANS AND MEDICAL RESIDENTS CARED FOR PATIENTS IN A PRIMARY CARE SETTING, USING THE RESOURCES OF THE MEDICAL CENTER, INCLUDING IMAGING, PHARMACY AND LABORATORY</p>

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	<p>RY SERVICES.*TRAINING AND DIRECT MEDICAL CARE AT SABAN COMMUNITY CLINIC AND OTHER FQHCSCED ARS-SINAI PHYSICIANS PROVIDED ADOLESCENT AND ADULT PATIENTS ACCESS TO PRIMARY CARE AT THE SABAN COMMUNITY CLINIC FOR PREGNANCY AND OTHER MEDICAL CONDITIONS AND ANCILLARY SERVICES, I.E., LAB AND X-RAY. CEDARS-SINAI PROVIDED SUPERVISORIAL CLINICAL STAFF AND MEDICAL AND SPECIALTY RESIDENTS FOR SIX PRIMARY AND SPECIALTY CLINICS EVERY WEEK, FINANCIALLY SUPPORTED SABAN COMMUNITY CLINIC'S MEDICAL DIRECTOR IN THE PROVISION OF PRIMARY CARE TO SABAN COMMUNITY CLINIC PATIENTS, AND PROVIDING FUNDING FOR INFRASTRUCTURE NEEDS.ADDITIONALLY, CEDARS-SINAI PARTNERED WITH FEDERALLY QUALIFIED HEALTH CENTERS LOCATED IN LOS ANGELES TO TRAIN MEDICAL AND DENTAL RESIDENTS. THESE PARTNERSHIPS GAVE PHYSICIANS IN-TRAINING EXPOSURE TO CULTURAL AND PSYCHOSOCIAL ASPECTS OF PATIENT CARE AND EXPERIENCE TREATING A WIDE RANGE OF MEDICAL CONDITIONS. THESE CLINICS INCLUDED THE VENICE FAMILY CLINIC, PLANNED PARENTHOOD LOS ANGELES, LOS ANGELES CHRISTIAN HEALTH CENTER, EISNER PEDIATRIC & FAMILY MEDICAL CENTER, APLA HEALTH AND KHEIR CENTER.*CEDARS-SINAI COMMUNITY CLINIC INITIATIVE: STRENGTHENING L.A.'S SAFETY NETCEDARS-SINAI RECOGNIZES THE CRITICAL ROLE OF PARTNERSHIPS IN PROMOTING ACCESS TO HIGH-QUALITY CARE FOR UNDERSERVED POPULATIONS. THE MEDICAL CENTER IS BUILDING MULTIDIMENSIONAL PARTNERSHIPS THAT INCLUDE SIGNIFICANT INVESTMENTS TO STRENGTHEN THE SAFETY CLINIC NETWORK ACROSS LOS ANGELES, AS WELL AS INDIVIDUAL CAPACITY-BUILDING GRANTS TO CLINICS. REACHING THE MAJORITY OF CLINICS IN CEDARS-SINAI'S COMMUNITY BENEFIT SERVICE AREA, CEDARS-SINAI FUNDED YEARLONG CAPACITY-BUILDING PROGRAMS FOCUSING ON QUALITY, LEADERSHIP, AND FINANCIAL SUSTAINABILITY. CLINICS IN THE COMMUNITY BENEFIT SERVICE AREA SERVE OVER 900,000 LOW-INCOME INDIVIDUALS EACH YEAR.*PSYCHOLOGICAL TRAUMA CENTER (PTC) - SHARE AND CARE SINCE 1981, CEDARS-SINAI'S SCHOOL-BASED MENTAL HEALTH PROGRAMS HAVE HELPED VICTIMS OF TRAUMA, FILLING CRUCIAL NEEDS FOR PREVENTION, INTERVENTION CRISIS INTERVENTION, AND TRAINING THAT WOULD OTHERWISE BE UNMET. PROGRAMS AND TRAININGS - FOR CHILDREN, TEACHERS, PARENTS AND SCHOOL PRINCIPALS - RUN BY LICENSED MENTAL HEALTH PRACTITIONERS, ENHANCE AN AT-RISK CHILD'S ABILITY TO LEARN IN THE CLASSROOM, CHANGE DESTRUCTIVE BEHAVIORS AND ENVISION A BRIGHTER AND HAPPIER FUTURE. SHARE AND CARE COUNSELORS FACILITATED 12-WEEK GROUP ART-THERAPY CURRICULA THAT PROVIDED A THERAPEUTIC ENVIRONMENT TO IMPROVE STUDENTS' ABILITY TO CONCENTRATE ON THEIR LESSONS. THERAPY GROUPS FOCUSED ON TRAUMA, LOSS AND GRIEF, SELF-ESTEEM, BULLYING, SOCIALIZATION, ANGER MANAGEMENT, DIVORCE, SHYNESS, STUDENTS WITH AN INCARCERATED PARENT, AND SUBSTANCE ABUSE. *COMMUNITY MENTAL HEALTH GRANTS THE COMMUNITY MENTAL HEALTH GRANT PROGRAM FOCUSED GRANTS ON DIRECT MENTAL HEALTH SERVICES. SINCE ITS INCEPTION IN 2012, THE PROGRAM HAS INCREASED ACCESS TO BEHAVIORAL HEALTH CARE BY SUPPORTING PROGRAMS THAT TREAT UNINSURED AND UNDER INSURED ADULTS, CHILDREN AND F</p>

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	<p>AMILIES WITH MENTAL HEALTH AND SUBSTANCE USE NEEDS.*TEENLINE SUICIDE PREVENTION HOTLINETEE NLINE, A CEDARS-SINAI SUPPORTED ORGANIZATION THAT IS HOUSED ON THE MEDICAL CENTER'S PREMIS ES, PROVIDED CRISIS INTERVENTION AND PREVENTION, PEER COUNSELING AND REFERRALS FOR ADOLESC ENTS, AGES 12 TO 19. THE TEEN-TO-TEEN PROGRAM HELPED YOUNG PEOPLE COPE IN TIMES OF TRAUMA AND STRESS BY OFFERING ADVICE AND REFERRALS. TEENLINE'S OUTREACH SERVICES PROVIDED EDUCATI ON TO SCHOOLS AND ADOLESCENT-SERVING AGENCIES. THE TEEN LINE HOTLINE, ANSWERED BY INTENSIV ELY TRAINED HIGH SCHOOL STUDENTS, WAS OPEN DAILY AND RECEIVED CALLS FROM TEENS ACROSS THE NATION.THE FOLLOWING COMMUNITY BENEFIT PROGRAMS, SERVICES, PARTNERSHIPS AND STRATEGIES ADD RESS THE PRIORITY HEALTH NEEDS RELATED TO CHRONIC DISEASE:*HEALTHY HABITSCEDARS-SINAI'S HE ALTHY HABITS PROGRAMS PROVIDED NUTRITION EDUCATION AND OBESITY PREVENTION BY HELPING CHILD REN AND FAMILIES LEARN ABOUT HEALTHY EATING AND PHYSICAL ACTIVITY. HEALTHY HABITS OFFERED A WIDE RANGE OF EDUCATION, CAPACITY BUILDING AND TECHNICAL ASSISTANCE PROGRAMS RUN BY TRAI NED HEALTH EDUCATORS, REACHING ELEMENTARY AND MIDDLE SCHOOL STUDENTS, PARENTS OF PRESCHOOL CHILDREN, AND FAMILIES IN UNDERSERVED COMMUNITIES. *SUPPORT GROUPSCEDARS-SINAI PROVIDED C OMPREHENSIVE SUPPORT GROUPS THAT FOCUSED ON ASSISTING WITH LIFE'S CHANGES AND ADJUSTMENTS. THESE SUPPORT GROUPS WERE OFFERED:-APHASIA SUPPORT GROUP-BIG VOICES GROUP-GOOD BEGINNINGS PARENT NICU SUPPORT GROUP-HEART CARE SUPPORT GROUP-KIDNEY CANCER SUPPORT GROUP-MECHANICAL CIRCULATORY DEVICE SUPPORT GROUP-MULTI-ORGAN TRANSPLANT SUPPORT GROUP-NEUROENDOCRINE SUPP ORT GROUP-REHABILITATION SUPPORT GROUP-SARCOMA CANCER SUPPORT GROUP-TYPE II DIABETES SUPPO RT GROUP-WEIGHT LOSS SURGERY SUPPORT GROUP-YES I CAN STROKE SUPPORT GROUP*COMMUNITY HEALTH AND EDUCATIONCEDARS-SINAI IS COMMITTED TO IMPROVING THE NUMBER OF QUALITY LIFE YEARS FOR ADULTS AND SENIORS IN OUR COMMUNITY. THE HOSPITAL PROVIDED ADULT-FOCUSED COMMUNITY PROGRAM S, SCREENINGS, EDUCATIONAL AND SELF-HELP PROGRAMS, HEALTH FAIRS, IMMUNIZATION CLINICS AND EXERCISE PROGRAMS. THESE PROGRAMS OCCUR IN UNDERSERVED COMMUNITIES, CHURCHES, SYNAGOGUES, NEIGHBORHOOD COMMUNITY CENTERS, AS WELL AS AT THE MEDICAL CENTER.-CARDIOVASCULAR DISEASE, DIABETES, HYPERTENSION AND RELATED PREVENTIVE PROGRAMS AND SERVICES-INFLUENZA AND PNEUMOCO CCAL IMMUNIZATION PROGRAMS-HEALTH PROMOTION AND PREVENTION PROGRAMS FOR ADULTS AND SENIORS -HEALTH INFORMATION HANDOUTS FOR ADULTS AND SENIORS-PHYSICAL EXERCISE PROGRAMS FOR ADULTS AND SENIORS-CANCER EDUCATION AND SCREENING PROGRAMS-INFLUENZA IMMUNIZATION PROGRAMS-HEALTH EDUCATION LECTURES-OUTREACH AND NETWORKING WITH COMMUNITY PARTNERS</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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	<p>PART V, SECTION B, LINE 11: (CONTINUED)HEALTH NEEDS THE HOSPITAL WILL NOT ADDRESS:THERE WERE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE CHNA THAT DID NOT MEET THE CRITERIA FOR DEVELOPING AND IMPLEMENTING A HEALTH FOCUS AREA AND, AS A RESULT, ARE NOT ADDRESSED IN THIS IMPLEMENTATION STRATEGY. 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 IDENTIFIED IN THE CHNA BUT NOT INCLUDED IN THE HEALTH FOCUS AREAS FOR THIS IMPLEMENTATION STRATEGY ARE: COMMUNITY SAFETY, DENTAL CARE, ECONOMIC INSECURITY, FOOD INSECURITY, SEXUALLY TRANSMITTED INFECTIONS, AND SUBSTANCE USE AND MISUSE. CSMC WILL CONTINUE TO LOOK FOR OPPORTUNITIES TO ADDRESS COMMUNITY NEEDS WHERE WE CAN MAKE A MEANINGFUL CONTRIBUTION.CEDARS-SINAI MEDICAL CENTERPART V, LINE 16A, FAP WEBSITE:HTTPS://WWW.CEDARS-SINAI.ORG/CONTENT/DAM/CEDARS-SINAI/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/DOCUMENTS/FAPS/FAP-APPLICATION-ENGLISH-12-1-2020.PDF CEDARS-SINAI MEDICAL CENTERPART V, LINE 16B, FAP APPLICATION WEBSITE:HTTPS://WWW.CEDARS-SINAI.ORG/CONTENT/DAM/CEDARS-SINAI/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/DOCUMENTS/FAPS/FAP-APPLICATION-ENGLISH-4-14-2020.PDF PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:HTTPS://WWW.CEDARS-SINAI.ORG/CONTENT/DAM/CEDARS-SINAI/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/DOCUMENTS/PLAIN_LANGUAGE_SUMMARY_ENGLISH.PDF</p>

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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? _____

Name and address	Type of Facility (describe)
1 1 - CEDARS-SINAI MEDICAL CENTER 8723 ALDEN DRIVE LOS ANGELES, CA 90048	OUTPATIENT SERVICES-AMBULATORY CARE/ENDOCRINOLOGY/PRIMARY ADULT CARE/LAB
1 2 - CEDARS-SINAI MEDICAL CENTER 8631 W 3RD STREET LOS ANGELES, CA 90048	OUTPATIENT SERVICES-BLOOD DRAW/CARDIOLOGY/PITUITARY CTR/IMAGING/ETC.
2 3 - CEDARS-SINAI MEDICAL CENTER 8536 WILSHIRE BLVD BEVERLY HILLS, CA 90211	OUTPATIENT SERVICES-NUCLEAR CARDIAC STRESS
3 4 - CEDARS-SINAI MEDICAL CENTER 444 S SAN VICENTE BLVD LOS ANGELES, CA 90048	OUTPATIENT SERVICES-GAMMA KNIFE/PAIN CTR/PRENATAL DIAG/REHAB/ETC.
4 5 - CEDARS-SINAI MEDICAL CENTER 8635 W 3RD STREET BEVERLY HILLS, CA 90211	OUTPATIENT SERVICES-ORGAN TRANSPLANT/UROLOGY/WEIGHT LOSS/VOICE THERAPY
5 6 - CEDARS-SINAI MEDICAL CENTER 9090 WILSHIRE BLVD BEVERLY HILLS, CA 90211	OUTPATIENT SERVICES-CANCER TREATMENT CENTER
6 7 - CEDARS-SINAI MEDICAL CENTER 127 S SAN VICENTE BLVD LOS ANGELES, CA 90048	OUTPATIENT SERVICES-NEUROSCIENCES/HEART INST/IMAGING/LAB SVC/RADIOLOGY/ETC.
7 8 - CEDARS-SINAI MEDICAL CENTER 8900 BEVERLY BLVD WEST HOLLYWOOD, CA 90048	OUTPATIENT SERVICES-COMPREHENSIVE TRANSPLANT CENTER
8 9 - CEDARS-SINAI MEDICAL CENTER 110 GEORGE BURNS ROAD LOS ANGELES, CA 90048	OUTPATIENT SERVICES-IMAGING CLINIC
9 10 - 90210 SURGERY MEDICAL CENTER LLC 450 N ROXBURY SUITE 600 BEVERLY HILLS, CA 90210	OUTPATIENT SERVICES-AMBULATORY SURGERY CENTER-GENERAL SURGERY
10 11 - ENDOSCOPY CTR OF SANTA MONICA LLC 12400 WILSHIRE BLVD STE 100 LOS ANGELES, CA 90025	OUTPATIENT SERVICES-ENDOSCOPY
11 12 - KERLAN-JOBE SURGERY CENTER LLC 6801 PARK TERRACE STE 300 LOS ANGELES, CA 90045	OUTPATIENT SERVICES-AMBULATORY SURGERY CENTER-ORTHOPEDIC SURGERY
12 13 - PRECISION AMBULATORY SURGERY CTR LLC 450 N ROXBURY SUITE 250 BEVERLY HILLS, CA 90210	OUTPATIENT SERVICES-AMBULATORY SURGERY CENTER-GENERAL SURGERY
13 14 - SANTA MONICA SURGICAL PARTNERS LLC 2121 WILSHIRE BLVD SUITE 201 SANTA MONICA, CA 90404	OUTPATIENT SERVICES-AMBULATORY SURGERY CENTER-GENERAL SURGERY
14 15 - SANTA MONICA IMAGING GROUP LLC 200 N ROBERTSON BLVD STE 101 BEVERLY HILLS, CA 90211	OUTPATIENT SERVICES-IMAGING CLINIC

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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? _____

Name and address	Type of Facility (describe)
16 16 - WEST VALLEY IMAGING GROUP LLC 1510 COTNER AVENUE LOS ANGELES, CA 90025	OUTPATIENT SERVICES-IMAGING CLINIC
1 17 - BEVERLY HILLS TECHNICAL IMAGING LLC 200 NORTH ROBERTSON BLVD STE 101 BEVERLY HILLS, CA 90211	OUTPATIENT SERVICES-IMAGING CLINIC

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

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

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

Table with 8 columns: (a) Name and address of organization, (b) EIN, (c) IRC section, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 173
3 Enter total number of other organizations listed in the line 1 table 4

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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 Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A WINDOW BETWEEN WORLDS 710 4TH AVENUE NO 5 VENICE, CA 90291	95-4448606	501(C)(3)	60,000				WELLNESS AND TRAINING GRANT
AFFORDABLE LIVING FOR THE AGING 2029 CENTURY PARK EAST SUITE 4393 LOS ANGELES, CA 90067	95-3301874	501(C)(3)	150,000				AFFORDABLE HOUSING FOR SENIORS GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIRPORT MARINA COUNSELING SERVICE 7891 LA TIJERA BOULEVARD LOS ANGELES, CA 90045	95-2224149	501(C)(3)	56,500				COUNSELING SERVICES GRANT
ALTAMED HEALTH SERVICES 2040 CAMFIELD AVENUE LOS ANGELES, CA 90040	95-2810095	501(C)(3)	150,000				HEALTH AND WELLNESS GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMANECER COMMUNITY COUNSELING SERVICES 1200 WILSHIRE BLVD NO 400 LOS ANGELES, CA 90017	95-3076578	501(C)(3)	146,000				TRAINING AND EDUCATION GRANT
AMERICAN LIVER FOUNDATION 39 BROADWAY SUITE 2700 NEW YORK, NY 10006	36-2883000	501(C)(3)	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 431 18TH STREET NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	50,000				COVID-19 RELIEF GRANT
ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE NEW YORK, NY 10158	13-1818723	501(C)(3)	25,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APLA HEALTH & WELLNESS 611 S KINGSLEY DR LOS ANGELES, CA 90005	84-1661910	501(C)(3)	100,000				HEALTH AND WELLNESS GRANT
ARNOLD GOLD FOUNDATION INC 619 E PALISADES AVENUE ENGLEWOOD CLIFFS, NJ 07632	22-3052098	501(C)(3)	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSOC OF FUNDRAISING PROFESSIONALS GREATER LOS ANGELES CHAPTER 4300 WILSON BLVD STE 300 ARLINGTON, VA 22203	95-4275457	501(C)(3)	6,000				GENERAL SUPPORT
ATERES AVIGAIL 4929 WILSHIRE BLVD LOS ANGELES, CA 90010	95-3120316	501(C)(3)	25,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEIT T'SHUVAH 8831 VENICE BLVD LOS ANGELES, CA 90034	77-0152646	501(C)(3)	125,000				HEALTH AND WELLNESS GRANT
BEVERLY HILLS CHAMBER OF COMMERCE AND CIVIC ASSOCIATION 9400 S SANTA MONICA BLVD 2ND FLOOR BEVERLY HILLS, CA 90210	95-0548070	501(C)(6)	16,525				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEVERLY HILLS FIRE CHIEFS FUND 445 N REXFORD DR BEVERLY HILLS, CA 90210	26-4563945	501(C)(3)	44,000				CIVIC ENGAGEMENT GRANT
BEVERLY HILLS FIREFIGHTER'S ASSOCIATION PO BOX 1720 BEVERLY HILLS, CA 90213	95-3619909	501(C)(3)	7,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEVERLY HILLS POLICE OFFICERS BENEVOLENT 9663 SANTA MONICA BLVD NO 786 BEVERLY HILLS, CA 90210	95-4584633	501(C)(3)	18,500				GENERAL SUPPORT
B'NAI B'RITH INTERNATIONAL 1120 20TH ST NW SUITE 300N WASHINGTON, DC 20036	53-0179971	501(C)(3)	15,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREAD HEAD CALIFORNIA 6050 EL TORDO RANCHO SANTA FE, CA 92067	81-4597057	501(C)(3)	50,000				FOOD INSECURITY GRANT
BRILLIANT CORNERS 1360 MISSION STREET SUITE 300 SAN FRANCISCO, CA 94103	56-2379862	501(C)(3)	125,000				COVID-19 RELIEF GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA COMMUNITY FOUNDATION 221 S FIGUEROA ST SUITE 400 LOS ANGELES, CA 90012	95-3510055	501(C)(3)	6,100,000				GENERAL SUPPORT; HOMELESSNESS AND HOUSING GRANT
CAPITAL LINK INC 40 COURT STREET 10TH FLOOR BOSTON, MA 02108	52-1593251	501(C)(3)	250,000				TRAINING AND EDUCATION GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARE HARBOR 18436 HAWTHORNE BOULEVARD SUITE 204 TORRANCE, CA 90504	27-2984870	501(C)(3)	25,000				HEALTH AND WELLNESS GRANT
CENTRAL NEIGHBORHOOD HEALTH FOUNDATION 714 WEST OLYMPIC BLVD NO 801 LOS ANGELES, CA 90015	75-2986675	501(C)(3)	150,000				HOUSING AND TRANSPORTATION GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHABAD OF LA CIENEGA 1627 S LA CIENEGA BLVD LOS ANGELES, CA 90035	26-0335040	501(C)(3)	6,000				GENERAL SUPPORT
CHAI LIFELINE INC 151 WEST 30TH STREET NO 3RD FL NEW YORK, NY 10001	11-2940331	501(C)(3)	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S INSTITUTE INC 2121 W TEMPLE STREET LOS ANGELES, CA 90026	95-1641424	501(C)(3)	200,000				TRAINING AND EDUCATION GRANT; FOOD INSECURITY GRANT
CHRISTOPHER STREET WEST ASSOC INC 8687 MELROSE AVE NO BM48 WEST HOLLYWOOD, CA 90069	95-3736454	501(C)(3)	50,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLARE MATRIX 2644 30TH STREET SUITE 100 SANTA MONICA, CA 90405	23-7076166	501(C)(3)	75,000				HEALTH AND WELLNESS GRANT
CLINICA MONSEÑOR OSCAR ROMERO 2032 MARENGO STREET LOS ANGELES, CA 90033	95-3881333	501(C)(3)	100,000				TRAINING AND EDUCATION GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COALITION FOR COMPASSIONATE CARE (CCCC) 2530 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	27-0419836	501(C)(3)	20,000				GENERAL SUPPORT
COALITION FOR RESPONSIBLE COMMUNITY DEVELOPMENT 3101 SOUTH GRAND AVENUE LOS ANGELES, CA 90007	20-2445113	501(C)(3)	150,000				COMMUNITY BENEFIT GRANT

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COMMUNITY CLINIC ASSOC LA (CCALAC) 700 S FLOWER ST NO 3150 LOS ANGELES, CA 90017	95-4576023	501(C)(3)	1,160,000				TRAINING AND EDUCATION GRANT; COVID-19 RELIEF GRANT
COMMUNITY HEALING GARDENS 525 S HEWITT STREET LOS ANGELES, CA 90013	47-4581412	501(C)(3)	75,000				GENERAL SUPPORT

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COMMUNITY HEALTH COUNCILS INC 3731 STOCKER STREET SUITE 201 LOS ANGELES, CA 90008	95-4487664	501(C)(3)	100,000				COVID-19 RELIEF GRANT
COMMUNITY PARTNERS 1000 NORTH ALAMEDA STREET NO 240 LOS ANGELES, CA 90012	95-4302067	501(C)(3)	1,035,000				COMMUNITY BENEFIT GRANT; GENERAL SUPPORT

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COMPREHENSIVE COMMUNITY HEALTH CENTERS INC 801 S CHEVY CHASE DR SUITE 20 GLENDALE, CA 91205	42-1553807	501(C)(3)	150,000				HEALTH AND WELLNESS GRANT
CORPORATION FOR SUPPORTIVE HOUSING 61 BROADWAY NO 2300 NEW YORK, NY 10006	13-3600232	501(C)(3)	100,000				HOUSING FOR SENIORS GRANT

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

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CULVER CITY FIREFIGHTERS FOUNDATION 9600 CULVER BLVD CULVER CITY, CA 90232	81-4630130	501(C)(3)	10,000				GENERAL SUPPORT
CULVER CITY POLICE FOUNDATION 4040 DUQUESNE AVE CULVER CITY, CA 90232	26-4141292	501(C)(3)	10,000				GENERAL SUPPORT

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

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CULVER PALMS FAMILY YMCA 625 S NEW HAMPSHIRE AVE LOS ANGELES, CA 90005	95-1644052	501(C)(3)	25,000				FOOD INSECURITY GRANT
DIDI HIRSCH COMMUNITY MENTAL HEALTH 4760 S SEPULVEDA BLVD CULVER CITY, CA 90230	95-1816023	501(C)(3)	126,500				HEALTH AND WELLNESS GRANT; GENERAL SUPPORT

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

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DOWNTOWN WOMEN'S CENTER 442 S SAN PEDRO ST LOS ANGELES, CA 90013	31-1597223	501(C)(3)	150,000				WELLNESS AND HOUSING GRANT
ECONOMIC DEVELOPMENT CORPORATION OF LOS ANGELES COUNTY 444 SOUTH FLOWER STREET 37TH FLOOR LOS ANGELES, CA 90071	95-3643339	501(C)(3)	20,000				GENERAL SUPPORT

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

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EISNER HEALTH 1530 SOUTH OLIVE STREET LOS ANGELES, CA 90015	95-1690966	501(C)(3)	250,000				HEALTH AND WELLNESS GRANT; GENERAL SUPPORT
EL CENTRO DE AMISTAD INC 7038 OWENSMOUTH AVE CANOGA PARK, CA 91303	95-3498639	501(C)(3)	150,000				HEALTH AND WELLNESS GRANT

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EL NIDO FAMILY CENTERS 440 SHATTO PLACE NO 417 LOS ANGELES, CA 90020	95-3186429	501(C)(3)	150,000				DISASTER RELIEF GRANT
EPILEPSY FOUNDATION OF GREATER LA 8301 PROFESSIONAL PLACE NO 200 LANDOVER, MD 20785	52-0856660	501(C)(3)	10,000				GENERAL SUPPORT

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

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EQUAL JUSTICE INITIATIVE 122 COMMERCE STREET MONTGOMERY, AL 36104	63-1135091	501(C)(3)	25,000				GENERAL SUPPORT
EXCEPTIONAL CHILDREN'S FOUNDATION 5350 MACHADO ROAD CULVER CITY, CA 90230	95-1690988	501(C)(3)	20,000				GENERAL SUPPORT

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EXCHANGE CLUB OF CULVER CITY CHARITABLE FOUNDATION INC 6017 BRISTOL PARKWAY CULVER CITY, CA 90230	54-2145774	501(C)(3)	15,000				GENERAL SUPPORT
FARRAH FAWCETT FOUNDATION 501 SOUTH BEVERLY DRIVE NO 3RD FL BEVERLY HILLS, CA 90212	20-8076177	501(C)(3)	6,000				GENERAL SUPPORT

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FASHION FOOTWEAR CHARITABLE FNDTN (FFCF) 575 5TH AVENUE 14TH FL NEW YORK, NY 10017	13-4112482	501(C)(3)	25,000				GENERAL SUPPORT
FOOD FORWARD INC 7412 FULTON AVE NO 3 NORTH HOLLYWOD, CA 91605	90-0678872	501(C)(3)	50,000				FOOD INSECURITY GRANT

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

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FRIENDS OF SHEBA MEDICAL CENTER INC 9465 WILSHIRE BLVD NO 300 BEVERLY HILLS, CA 90212	23-7076117	501(C)(3)	10,000				GENERAL SUPPORT
FUNDAMENTAL CHANGE 777 S FIGUEROA ST SUITE 4050 LOS ANGELES, CA 90017	82-3584845	501(C)(3)	10,000				GENERAL SUPPORT

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FUNDERS TOGETHER TO END HOMELESSNESS INC 89 SOUTH STREET NO 803 BOSTON, MA 02111	27-3033048	501(C)(3)	10,000				GENERAL SUPPORT
GAMMA ZETA BOULE PO BOX 94833 PASADENA, CA 91109	95-4708726	501(C)(3)	25,000				GENERAL SUPPORT

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GETTY HOUSE FOUNDATION 605 SOUTH IRVING BOULEVARD LOS ANGELES, CA 90005	95-4456499	501(C)(3)	20,000				GENERAL SUPPORT
GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVE NW NO 1200 WASHINGTON, DC 20036	13-3206571	501(C)(3)	10,000				GENERAL SUPPORT

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

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HEALTHIMPACT PO BOX 70007 OAKLAND, CA 94612	82-0570413	501(C)(3)	50,000				GENERAL SUPPORT
HILLVIEW MENTAL HEALTH CENTER INC 12450 VAN NUYS BLVD PACOIMA, CA 91331	95-3928411	501(C)(3)	25,000				MENTAL HEALTH GRANT

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

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HOLLYWOOD FOOD COALITION PO BOX 480157 LOS ANGELES, CA 90048	46-4079214	501(C)(3)	75,000				FOOD INSECURITY GRANT
HOMEBOY INDUSTRIES 130 W BRUNO STREET LOS ANGELES, CA 90012	95-4800735	501(C)(3)	30,000				FOOD INSECURITY GRANT

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IMAGINE LOS ANGELES INC 672 S LAFAYETTE PARK PLACE NO 28-9 LOS ANGELES, CA 90057	20-4637089	501(C)(3)	60,000				GENERAL SUPPORT
IMMANUEL PRESBYTERIAN CHURCH 3300 WILSHIRE BLVD LOS ANGELES, CA 90010	95-1643330	501(C)(3)	50,000				GENERAL SUPPORT

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INCLUSIVE ACTION FOR THE CITY 553 S CLERENCE ST LOS ANGELES, CA 90033	27-0584116	501(C)(3)	50,000				GENERAL SUPPORT
INFANT PARENT MENTAL HEALTH FOUNDATION 11400 W OLYMPIC BLVD NO 590 LOS ANGELES, CA 90064	26-2055149	501(C)(3)	50,000				MENTAL HEALTH GRANT

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INSTITUTE FOR SAFE MEDICATION PRACTICES 200 LAKESIDE DRIVE NO 200 HORSHAM, PA 19044	23-2757559	501(C)(3)	10,000				GENERAL SUPPORT
ISRAAID US GLOBAL HUMANITARIAN ASSTISTANCE INC PO BOX 61227 PALO ALTO, CA 94306	46-2118225	501(C)(3)	10,000				COVID-19 RELIEF GRANT

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JEWISH FAMILY SERVICE 3580 WILSHIRE BLVD NO 700 LOS ANGELES, CA 90010	95-1691013	501(C)(3)	25,000				FOOD INSECURITY GRANT
JEWISH FEDERATION COUNCIL OF GREATER LA 6505 WILSHIRE BLVD LOS ANGELES, CA 90048	95-1643388	501(C)(3)	100,000				COVID-19 RELIEF GRANT

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JEWISH FREE LOAN ASSOC (JFLA) 6505 WILSHIRE BOULEVARD NO 715 LOS ANGELES, CA 90048	95-1691014	501(C)(3)	255,000				EMERGENCY RELIEF GRANT; GENERAL SUPPORT
JEWISH VOCATIONAL SERVICE (JVS) 75 FEDERAL STREET 3RD FLOOR BOSTON, MA 02110	04-2104357	501(C)(3)	77,500				EMERGENCY RELIEF GRANT

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JWCH INSTITUTE INC 5650 JILLSON STREET COMMERCE, CA 90040	95-2289916	501(C)(3)	225,000				EMERGENCY RELIEF GRANT
KARSH FAMILY SOCIAL SERVICE CENTER INC 3750 WEST 6TH STREET LOS ANGELES, CA 90020	81-2974850	501(C)(3)	25,000				COVID-19 RELIEF GRANT

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KHEIR CENTER 3727 W 6TH STREET NO 210 LOS ANGELES, CA 90020	95-4074660	501(C)(3)	150,300				HEALTH AND WELLNESS GRANT
KIDS PROGRESS INC 2600 WILSHIRE BLVD FL 3 LOS ANGELES, CA 90057	65-1169693	501(C)(3)	15,000				GENERAL SUPPORT

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KOREAN AMERICAN FAMILY SERVICE CENTER 3727 WEST 6TH STREET NO 320 LOS ANGELES, CA 90020	95-3899329	501(C)(3)	170,000				COUNSELING SERVICES GRANT; GENERAL SUPPORT
LA FAMILY HOUSING CORP 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605	95-3920560	501(C)(3)	150,000				HOUSING FOR SENIORS GRANT

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LATINO RESOURCE ORGANIZATION 1645 CONRITH AVE LOS ANGELES, CA 90025	95-3655201	501(C)(3)	15,000				GENERAL SUPPORT
LAUSD EDUCATION FOUNDATION 333 SOUTH BEAUDRY AVENUE 29TH FL LOS ANGELES, CA 90017	68-0503221	501(C)(3)	537,315				GENERAL SUPPORT

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LAX COASTAL AREA CHAMBER OF COMMERCE 9100 S SEPULVEDA BLVD WESTCHESTER, CA 90045	95-1806513	501(C)(6)	13,282				GENERAL SUPPORT
LOS ANGELES BUSINESS COUNCIL 2029 CENTURY PARK EAST SUITE 4380 LOS ANGELES, CA 90067	27-1485429	501(C)(3)	10,000				GENERAL SUPPORT

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LOS ANGELES CHRISTIAN HEALTH CENTERS 202 WEST 1ST STREET NO 4-0435 LOS ANGELES, CA 90012	95-4315734	501(C)(3)	250,000				HEALTH AND HOUSING GRANT; COVID-19 RELIEF GRANT
LOS ANGELES COUNTY FIRE DEPT FOUNDATION 42122 23RD STREET WEST LANCASTER, CA 93536	47-5572995	501(C)(3)	20,000				HEALTH AND WELLNESS GRANT

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LOS ANGELES FIRE DEPARTMENT FOUNDATION 1875 CENTURY PARK EAST NO 200 LOS ANGELES, CA 90067	27-2007326	501(C)(3)	125,000				TRAINING AND WELLNESS GRANT; GENERAL SUPPORT
LOS ANGELES LGBT CENTER 1118 N MCCADDEN PLACE LOS ANGELES, CA 90038	95-3567895	501(C)(3)	350,000				HEALTH AND EDUCATION GRANT; HOUSING FOR THE YOUTH AND SENIORS GRANT

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LOS ANGELES POLICE FOUNDATION 633 WEST 5TH STREET SUITE 960 LOS ANGELES, CA 90071	95-4700442	501(C)(3)	25,000				GENERAL SUPPORT
LOS ANGELES RAMS FOUNDATION 29899 AGOURA RD AGOURA HILLS, CA 91301	81-3467846	501(C)(3)	50,000				GENERAL SUPPORT

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LOS ANGELES TRUST FOR CHILDREN'S HEALTH 333 S BEAUDRY AVENUE LOS ANGELES, CA 90017	95-4262448	501(C)(3)	102,500				MENTAL HEALTH EDUCATION GRANT; GENERAL SUPPORT
LOS ANGELES URBAN LEAGUE 4401 CRENSHAW BLVD SUITE 201 LOS ANGELES, CA 90043	95-1691288	501(C)(3)	100,000				GENERAL SUPPORT

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MARCH OF DIMES 1550 CRYSTAL DRIVE SUITE STE 1300 ARLINGTON, VA 22202	13-1846366	501(C)(3)	50,000				HEALTH AND WELLNESS GRANT
MARINA DEL REY SHERIFF'S SUPPORT UNIT 15821 VENTURA BLVD 500 ENCINO, CA 91436	51-0587035	501(C)(3)	10,500				GENERAL SUPPORT

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MAYOR'S FUND FOR LOS ANGELES 200 N SPRING STREET NO 305B LOS ANGELES, CA 90012	47-1084641	501(C)(3)	100,000				COVID-19 RELIEF GRANT
MEALS ON WHEELS WEST 1823 MICHIGAN AVENUE NO A SANTA MONICA, CA 90404	95-4613280	501(C)(3)	15,000				COVID-19 RELIEF GRANT

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MEDICARE RIGHTS CENTER INC 266 WEST 37TH ST 3RD FLOOR NEW YORK, NY 10018	13-3505372	501(C)(3)	6,500				GENERAL SUPPORT
MENTAL HEALTH AMERICA OF LOS ANGELES 200 PINE AVENUE NO 400 LONG BEACH, CA 90802	95-1881491	501(C)(3)	75,000				HEALTH AND WELLNESS GRANT

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MERGING VETS AND PLAYERS 1901 AVE OF THE STARS NO 1050 LOS ANGELES, CA 90067	81-2878851	501(C)(3)	50,000				HEALTH AND WELLNESS GRANT
MEXICAN AMERICAN BAR FOUNDATION (MABF) PO BOX 862127 LOS ANGELES, CA 90086	95-4358513	501(C)(3)	25,000				GENERAL SUPPORT

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MF PLACE INC POST OFFICE BOX 3867 HOLLYWOOD, CA 90078	95-4834034	501(C)(3)	150,000				HOUSING FOR THE YOUTH GRANT
MLK JR COMMUNITY HEALTH FOUNDATION 1680 E 120TH STREET LOS ANGELES, CA 90059	45-4433505	501(C)(3)	115,000				COMMUNITY BENEFIT GRANT; GENERAL SUPPORT

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

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MOTHERS IN ACTION INC 4401 CRENSHAW BOULEVARD LOS ANGELES, CA 90043	95-4688627	501(C)(3)	6,200				GENERAL SUPPORT
NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE 4805 MOUNT HOPE DRIVE BALTIMORE, MD 21218	13-1084135	501(C)(3)	50,000				GENERAL SUPPORT

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NAMI LAC 3600 WILSHIRE BLVD STE 1804 LOS ANGELES, CA 90010	95-4049720	501(C)(3)	50,000				COVID-19 RELIEF GRANT
NAMI WESTSIDE LA 921 WESTWOOD BOULEVARD SUITE 236 LOS ANGELES, CA 90024	26-2118750	501(C)(3)	15,000				MENTAL WELLNESS GRANT

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NATIONAL ACADEMY OF SCIENCES ILAR 2101 CONSTITUTION AVENUE NW WASHINGTON, DC 20418	53-0196932	501(C)(3)	50,000				GENERAL SUPPORT
NATIONAL CENTER HEALTHCARE LEADERSHIP 17 N STATE STREET NO 1530 CHICAGO, IL 60602	36-4483505	501(C)(3)	25,000				GENERAL SUPPORT

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NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) 1100 13TH ST NW THIRD FLOOR WASHINGTON, DC 20005	52-1191985	501(C)(3)	6,000				GENERAL SUPPORT
NATIONAL COUNCIL OF JEWISH WOMEN 543 N FAIRFAX AVENUE LOS ANGELES, CA 90036	95-1641433	501(C)(3)	20,000				COVID-19 RELIEF GRANT

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NATIONAL MEDICAL FELLOWSHIPS INC 12 EAST 46TH STREET NO 5E NEW YORK, NY 10017	01-0963657	501(C)(3)	20,000				GENERAL SUPPORT
NETWORK FOR EXCELLENCE IN HEALTH (NEHI) 133 FEDERAL STREET 9TH FLOOR BOSTON, MA 02110	01-0624865	501(C)(3)	15,000				GENERAL SUPPORT

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NEW DIRECTIONS FOR VETERANS 11303 WILSHIRE BLVD BLDG 116 LOS ANGELES, CA 90073	95-4242745	501(C)(3)	50,000				COVID-19 RELIEF GRANT
NEW VENTURE FUND 1201 CONNECTICUT AVE NW NO 300 WASHINGTON, DC 20036	20-5806345	501(C)(3)	260,000				EDUCATION AND TRAUMA GRANT; COVID-19 RELIEF GRANT

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NONPROFIT FINANCE FUND 5 HANOVER SQUARE 9TH FL NEW YORK, NY 10004	13-3238657	501(C)(3)	275,000				HEALTH AND EDUCATION GRANT
NORTHEAST VALLEY HEALTH CORP 1172 NORTH MACLAY AVENUE SAN FERNANDO, CA 91340	23-7120632	501(C)(3)	247,842				COVID-19 RELIEF GRANT

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OCEAN PARK COMMUNITY CENTER DBA THE PEOPLE CONCERN 2116 ARLINGTON AVE NO 100 LOS ANGELES, CA 90018	95-6143865	501(C)(3)	345,000				MENTAL HEALTH GRANT; HOMELESSNESS AND HOUSING
ONEGENERATION 17400 VICTORY BLVD VAN NUYS, CA 91406	95-4066979	501(C)(3)	25,000				COVID-19 RELIEF GRANT

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OPEN PATHS COUNSELING CENTER 5731 W SLAUSON AVE CULVER CITY, CA 90230	95-3221061	501(C)(3)	200,000				TRAINING AND EDUCATION GRANT; COVID-19 RELIEF GRANT
OUR HOUSE INC 1663 SAWTELLE BLVD LOS ANGELES, CA 90025	33-0529915	501(C)(3)	25,000				COVID-19 RELIEF GRANT

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PACIFIC AREA BOOSTERS ASSOCIATION INC PO BOX 2895 VENICE, CA 90291	95-3971193	501(C)(3)	15,000				GENERAL SUPPORT
PACIFIC COUNCIL ON INTERNATIONAL POLICY 725 SOUTH FIGUEROA STREET NO 450 LOS ANGELES, CA 90017	95-4520471	501(C)(3)	60,000				GENERAL SUPPORT

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PAN-AMERICAN MOA FOUNDATION INC 4533 S CENTINELA AVENUE LOS ANGELES, CA 90066	65-0733515	501(C)(3)	25,000				GENERAL SUPPORT
PARA LOS NINOS 5000 HOLLYWOOD BLVD LOS ANGELES, CA 90027	95-3443276	501(C)(3)	75,000				MENTAL HEALTH GRANT

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PARTNERS IN CARE FOUNDATION 732 MOTT ST SUITE 150 SAN FERNANDO, CA 91340	95-3954057	501(C)(3)	15,000				GENERAL SUPPORT
PHASE ONE 256 26TH ST NO 201 SANTA MONICA, CA 90402	91-2129319	501(C)(3)	10,000				GENERAL SUPPORT

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PLANNED PARENTHOOD LOS ANGELES 400 WEST 30TH STREET LOS ANGELES, CA 90007	95-2408623	501(C)(3)	400,000				COVID-19 RELIEF GRANT
PLUNUM HEALTH 1530 S OLIVE STREET LOS ANGELES, CA 90015	83-1653397	501(C)(3)	150,000				HEALTH AND WELLNESS GRANT

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PROJECT ANGEL FOOD 922 VINE ST LOS ANGELES, CA 90038	95-4115863	501(C)(3)	150,000				COVID-19 RELIEF GRANT
PROTEUS FUND INC 15 RESEARCH DRIVE NO B AMHERST, MA 01002	04-3243004	501(C)(3)	10,000				GENERAL SUPPORT

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PUKUU CULTURAL COMMUNITY SERVICES 1019 SECOND ST ROOM 2 SAN FERNANDO, CA 91340	95-4657130	501(C)(3)	25,000				COVID-19 RELIEF GRANT
RAND CORPORATION 1776 MAIN STREET PO BOX 2138 SANTA MONICA, CA 90407	95-1958142	501(C)(3)	30,000				GENERAL SUPPORT

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SANTA MONICA FIRE FIGHTERS RELIEF FUND 222 HOLISTER AVENUE SANTA MONICA, CA 90405	45-2702863	501(C)(3)	10,000				CIVIC ENGAGEMENT GRANT
SANTA MONICA MALIBU EDUCATION FOUNDATION 1645 16TH ST SANTA MONICA, CA 90404	95-3787674	501(C)(3)	10,000				GENERAL SUPPORT

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SANTA MONICA POLICE ACTIVITIES LEAGUE 1401 OLYMPIC BLVD SANTA MONICA, CA 90404	95-4249048	501(C)(3)	10,000				GENERAL SUPPORT
SHARSHERET 1086 TEANECK ROAD NO 2G TEANECK, NJ 07666	13-4198529	501(C)(3)	25,000				HEALTH AND WELLNESS GRANT

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SKID ROW HOUSING TRUST 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021	95-4205316	501(C)(3)	100,000				HEALTH AND WELLNESS GRANT
SOUTHERN CALIFORNIA COUNSELING CENTER 5615 W PICO BLVD LOS ANGELES, CA 90019	95-2430665	501(C)(3)	150,000				MENTAL HEALTH GRANT; COVID-19 RELIEF GRANT

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SOUTHERN CALIFORNIA GRANTMAKERS 1000 NORTH ALAMEDA STREET NO 230 LOS ANGELES, CA 90012	95-2831058	501(C)(3)	61,000				TRAINING AND EDUCATION GRANT
SOUTHSIDE COALITION OF COMMUNITY HEALTH 1400 S GRAND AVENUE LOS ANGELES, CA 90015	20-8892311	501(C)(3)	100,000				TRAINING AND EDUCATION GRANT

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SPECIAL SERVICE FOR GROUPS INC 905 E 8TH STREET LOS ANGELES, CA 90021	95-1716914	501(C)(3)	50,000				COVID-19 RELIEF GRANT
ST JOHN'S WELL CHILD & FAMILY CENTER 808 W 58TH STREET LOS ANGELES, CA 90037	95-4067758	501(C)(3)	150,000				COVID-19 RELIEF GRANT

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STEP UP ON SECOND STREET INC 1328 SECOND STREET SANTA MONICA, CA 90401	95-4109386	501(C)(3)	100,000				HOMELESSNESS AND HOUSING GRANT
SUSTAINABLE ECONOMIC ENTERPRISES OF LA 1125 W 6TH NO 500 LOS ANGELES, CA 90017	95-4597000	501(C)(3)	325,000				FOOD INSECURITY GRANT

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TEAM HEAL FOUNDATION INC 6801 PARK TERRACE LOS ANGELES, CA 90045	33-0954775	501(C)(3)	180,000				GENERAL SUPPORT
TEEN LINE PO BOX 48750 LOS ANGELES, CA 90048	95-3760982	501(C)(3)	17,500				GENERAL SUPPORT

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THAI COMMUNITY DEVELOPMENT CENTER 6376 YUCCA STREET SUITE B LOS ANGELES, CA 90028	95-4531770	501(C)(3)	15,000				GENERAL SUPPORT
THE ACHIEVABLE FOUNDATION 5901 GREEN VALLEY CIRCLE NO 405 CULVER CITY, CA 90230	95-4552419	501(C)(3)	78,708				TRAINING AND EDUCATION GRANT

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THE BOYS AND GIRLS CLUBS OF SANTA MONICA INC 1220 LINCOLN BLVD SANTA MONICA, CA 90401	95-1890706	501(C)(3)	15,000				COVID-19 RELIEF GRANT
THE CHILDREN'S DENTAL CENTER 300 EAST BUCKTHORN STREET INGLEWOOD, CA 90301	95-4533883	501(C)(3)	75,000				COMMUNITY BENEFIT GRANT

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THE CHRYSALIS CENTER 522 S MAIN ST LOS ANGELES, CA 90013	95-3972624	501(C)(3)	20,000				COVID-19 RELIEF GRANT
THE HASTINGS CENTER INC 21 MALCOLM GORDON RD GARRISON, NY 10524	13-2662222	501(C)(3)	150,000				RESEARCH STUDY GRANT

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THE CLINIC INC DBA HEALTH AND WELLNESS CENTERS 3834 SOUTH WESTERN AVE LOS ANGELES, CA 90062	23-7351622	501(C)(3)	150,000				HEALTH AND WELLNESS GRANT
THE LA FREE CLINIC DBA SABAN COMMUNITY CLINIC 8405 BEVERLY BOULEVARD LOS ANGELES, CA 90048	95-2539105	501(C)(3)	550,000				HEALTH AND WELLNESS GRANT; COVID-19 RELIEF GRANT

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THE MAPLE COUNSELING CENTER (TMCC) 9107 WILSHIRE BLVD LOWER LEVEL BEVERLY HILLS, CA 90210	95-2753118	501(C)(3)	175,000				MENTAL HEALTH GRANT; COVID-19 RELIEF GRANT
THE MIDNIGHT MISSION 601 SOUTH SAN PEDRO STREET LOS ANGELES, CA 90014	95-1691293	501(C)(3)	17,000				FOOD INSECURITY GRANT; GENERAL SUPPORT

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TIDES CENTER PO BOX 29907 SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	1,130,000				HEALTH AND WELLNESS GRANT; RESEARCH STUDY GRANT
TOUCH OF KINDNESS INC DBA TOMCHEI SHABBOS 345 NORTH LA BREA AVENUE LOS ANGELES, CA 90036	75-3002144	501(C)(3)	10,000				GENERAL SUPPORT

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TOWER CANCER RESEARCH FOUNDATION 8767 WILSHIRE BLVD NO 401 BEVERLY HILLS, CA 90211	95-4596354	501(C)(3)	12,000				GENERAL SUPPORT
UCLA FOUNDATION 10920 WILSHIRE BLVD SUITE 900 LOS ANGELES, CA 90024	95-2250801	501(C)(3)	235,000				GENERAL SUPPORT

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UNIVERSITY MUSLIM MEDICAL ASSOC INC DBA UMMA COMMUNITY CLINIC 711 FLORENCE AVE LOS ANGELES, CA 90044	95-4666712	501(C)(3)	150,000				HEALTH AND WELLNESS GRANT
UNITED STATES OF CARE CAMPAIGN PO BOX 32025 WASHINGTON, DC 20007	82-2860302	501(C)(3)	200,000				GENERAL SUPPORT

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UNITED WAY OF GREATER LOS ANGELES 1150 S OLIVE STREET SUITE T500 LOS ANGELES, CA 90015	95-2274801	501(C)(3)	3,125,000				AFFORDABLE HOUSING GRANT; COMMUNITY BENEFIT GRANT
UNIVERSITY OF SOUTHERN CALIFORNIA (USC) UNIVERSITY GARDENS UGB203 LOS ANGELES, CA 90089	95-1642394	501(C)(3)	55,000				GENERAL SUPPORT

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VENICE FAMILY CLINIC 604 ROSE AVENUE VENICE, CA 90291	95-2769432	501(C)(3)	255,000				COVID-19 RELIEF GRANT; GENERAL SUPPORT
VILLAGE FOR VETS 149 S BARRINGTON AVE 640 LOS ANGELES, CA 90049	81-1275379	501(C)(3)	30,000				FOOD INSECURITY GRANT

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WATTS HEALTHCARE CORPORATION 10300 COMPTON AVE LOS ANGELES, CA 90002	75-3046480	501(C)(3)	150,000				HEALTH AND EDUCATION GRANT
WEST HOLLYWOOD CHAMBER OF COMMERCE 8272 SANTA MONICA BLVD WEST HOLLYWOOD, CA 90046	95-1359210	501(C)(6)	35,000				GENERAL SUPPORT

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WEST HOLLYWOOD SHERIFF FOUNDATION 780 N SAN VICENTE BLVD WEST HOLLYWOOD, CA 90069	84-4355224	501(C)(3)	16,000				GENERAL SUPPORT
WESTSIDE FAMILY HEALTH CENTER 1711 OCEAN PARK BLVD SANTA MONICA, CA 90405	95-2931931	501(C)(3)	75,000				HEALTH AND EDUCATION GRANT

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WESTSIDE FOOD BANK 1710 22ND STREET SANTA MONICA, CA 90404	95-3685875	501(C)(3)	30,000				FOOD INSECURITY GRANT
WESTSIDE JEWISH COMMUNITY CENTER INC 5870 W OLYMPIC BLVD LOS ANGELES, CA 90036	95-1691010	501(C)(3)	15,000				COVID-19 RELIEF GRANT

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WESTSIDE PACIFIC VILLAGES PO BOX 90737 LOS ANGELES, CA 90045	80-0348830	501(C)(3)	25,000				COVID-19 RELIEF GRANT
WILSHIRE STATION BOOSTERS INC 4861 VENICE BLVD LOS ANGELES, CA 90019	84-2047956	501(C)(3)	15,000				GENERAL SUPPORT

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WOMEN IN HEALTH ADMINISTRATION OF SOUTHERN CALIFORNIA 1001 GAYLEY AVE PO BOX 24103 LOS ANGELES, CA 90024	95-4076951	501(C)(6)	7,500				GENERAL SUPPORT
WOMEN'S GUILD CEDARS- SINAI MEDICAL CENTER 8700 BEVERLY BLVD NO 2416 LOS ANGELES, CA 90048	95-6097903	501(C)(3)	9,500				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD HARVEST CHARITIES 3100 VENICE BLVD LOS ANGELES, CA 90019	39-2064653	501(C)(3)	15,000				FOOD INSECURITY GRANT

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization CEDARS-SINAI MEDICAL CENTER	Employer identification number 95-1644600
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on 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 on 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.		
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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. HOUSING ALLOWANCE WAS PROVIDED TO ONE LISTED PERSON DURING THE YEAR ENDED DECEMBER 31, 2019 AND THE BENEFIT WAS TREATED AS TAXABLE COMPENSATION TO THE EMPLOYEE.
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, FIVE INDIVIDUALS HAVE RETENTION INCENTIVES WHICH HAD CLIFF-VESTING DATES IN 2019. THE FOLLOWING OFFICERS, DIRECTORS, KEY EMPLOYEES AND HIGHEST-COMPENSATED EMPLOYEES RECEIVED PAYMENTS DURING THE YEAR ENDED DECEMBER 31, 2019 RELATED TO THE PLANS REFERENCED ABOVE. THESE PAYMENTS ARE INCLUDED IN SCHEDULE J, PART II AND ARE NOT INCREMENTAL PAYMENTS. MICHAEL ALEXANDER, MD 89,803 PEGGY MILES, MD 18,319 THOMAS M. PRISELAC 947,248 EDWARD PRUNCHUNAS 799,972 RICHARD RIGGS, MD 250,617 MARK GAVENS 139,562 SHLOMO MELMED, MD 652,568 JEFFREY SMITH, MD,JD, MMM 153,000 KEITH BLACK, MD 634,007 EDUARDO MARBAN, MD 1,166,914 RAJENDRA MAKKAR, MD 328,643 BRUCE GEWERTZ, MD 254,104 DAVID M. WRIGLEY 367,099 KIMBERLY GREGORY, MD 46,036 ALFREDO TRENTO, MD 261,581

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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1THOMAS M PRISELAC PRESIDENT/CEO	(i)	1,801,992	1,702,732	1,066,517	1,090,219	24,197	5,685,657	0
	(ii)	0	0	0	0	0	0	0
1EDUARDO MARBAN MD DIRECTOR-HEART INSTITUTE	(i)	1,906,529	515,772	1,336,889	196,788	33,302	3,989,280	600,000
	(ii)	0	0	0	0	0	0	0
2KEITH BLACK MD CHAIR-NEUROSURGERY	(i)	2,174,545	429,610	643,723	180,492	28,236	3,456,606	0
	(ii)	0	0	0	0	0	0	0
3SHLOMO MELMED MD CHIEF ACADEMIC OFFICER	(i)	1,201,169	657,408	666,670	623,400	23,703	3,172,350	125,000
	(ii)	0	0	0	0	0	0	0
4EDWARD M PRUNCHUNAS CHIEF FINANCIAL OFFICER	(i)	895,496	724,122	950,263	430,043	24,359	3,024,283	125,000
	(ii)	0	0	0	0	0	0	0
5RAJENDRA MAKKAR MD EXEC DIRECTOR-CARDIAC INTERVENTIONAL	(i)	1,237,137	1,003,679	415,938	113,222	41,652	2,811,628	0
	(ii)	0	0	0	0	0	0	0
6BRUCE GEWERTZ MD CHAIR-DEPT OF SURGERY	(i)	1,506,457	317,603	271,389	361,804	23,975	2,481,228	0
	(ii)	0	0	0	0	0	0	0
7ALFREDO TRENTO MD SENIOR HEART SURGEON	(i)	1,291,473	431,201	354,801	371,377	24,042	2,472,894	0
	(ii)	0	0	0	0	0	0	0
8DAVID M WRIGLEY CHIEF FINANCIAL OFFICER	(i)	726,934	333,269	416,655	135,799	32,144	1,644,801	0
	(ii)	0	0	0	0	0	0	0
9JEFFREY SMITH MD JD MMM CHIEF OPERATING OFFICER	(i)	883,990	400,924	274,155	12,625	30,641	1,602,335	0
	(ii)	0	0	0	0	0	0	0
10RICHARD RIGGS MD STAFF PHYS./BOARD MEMBER	(i)	721,252	270,555	262,266	44,958	33,367	1,332,398	0
	(ii)	0	0	0	0	0	0	0
11MICHAEL ALEXANDER MD STAFF PHYS./BOARD MEMBER	(i)	885,646	157,464	92,121	23,800	46,733	1,205,764	0
	(ii)	0	0	0	0	0	0	0
12MARK GAVENS FORMER KEY EMPLOYEE	(i)	419,910	0	195,156	296,311	5,836	917,213	0
	(ii)	0	0	0	0	0	0	0
13KIMBERLY GREGORY MD STAFF PHYS./BOARD MEMBER	(i)	432,652	77,351	47,300	39,200	34,579	631,082	0
	(ii)	0	0	0	0	0	0	0
14PEGGY MILES MD STAFF PHYS./BOARD MEMBER	(i)	320,157	40,772	22,955	90,400	19,841	494,125	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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	13032UKD9	11-09-2016	755,157,409	SEE PART VI, ISSUE A, DESCRIPTION OF PURPOSE		X		X		X
B	CA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828	13032UBJ6	11-17-2015	438,579,839	SEE PART VI, ISSUE B, DESCRIPTION OF PURPOSE		X		X		X
C	CA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828	13033LVK0	12-21-2011	163,357,091	SEE PART VI, ISSUE C, DESCRIPTION OF PURPOSE		X		X		X

Part II Proceeds

		A	B	C	D				
1	Amount of bonds retired	16,505,000	2,100,000	109,655,000					
2	Amount of bonds legally defeased								
3	Total proceeds of issue	757,093,777	438,579,839	163,357,091					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows	435,150,733							
7	Issuance costs from proceeds	1,932	4,239						
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	321,941,112							
11	Other spent proceeds		438,575,600	163,357,091					
12	Other unspent proceeds								
13	Year of substantial completion	2017	2015	2012					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X	X		X			
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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 ▶								
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 ▶								
6 Total of lines 4 and 5								
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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		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 "Yes" to 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 SUPPLEMENTAL INFORMATION	ISSUE A, PART I, (F)-DESCRIPTION OF PURPOSE - CAPITAL EXPENDITURE REIMBURSEMENT (SERIES 2016A) & ADVANCED REFUND 2009 BONDS (SERIES 2016B - ISSUE DATE:10/21/2009). ISSUE A, 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 III, QUESTION 7: AS PROVIDED IN TREASURY REGULATION SECTION 1.141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE. ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PART III, LINE 6. THE ORGANIZATION HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE SECURITY TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE USE AND/OR UNRELATED TRADE OR BUSINESS USE REPORTED IN PART III, LINE 6 IS NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE. ISSUE A, PART IV, QUESTION 2C: THE MOST RECENT REBATE COMPUTATION FOR THE BONDS WAS COMPLETED THROUGH 11/09/2019. ISSUE B, PART I,(F) - DESCRIPTION OF PURPOSE - REFUND 2005 BONDS AND COI-ISSUE DATE: 8/10/2005. ISSUE C, PART 1,(F)-DESCRIPTION OF PURPOSE - REFUND 1997A AND 1997B BONDS - ISSUE DATES:9/15/1997, 10/01/1997. ISSUE C, PART IV,QUESTION 2C; THE FINAL REBATE COMPUTATION FOR THE BONDS WAS COMPLETED THROUGH 3/21/2014.

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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization CEDARS-SINAI MEDICAL CENTER	Employer identification number 95-1644600
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$	2,044,110					

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 95-1644600

Name: CEDARS-SINAI MEDICAL CENTER

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) ANGELA HIRAI YANG	PART V NARRATIVE - FAMILY MEMBER OF CLEMENT YANG, A BOARD MEMBER	173,238	PART V NARRATIVE - COMPENSATION FOR SERVICES		No
(1) EMILY SIEGEL MD	PART V NARRATIVE - FAMILY MEMBER OF MARK SIEGEL, A BOARD MEMBER	90,004	PART V NARRATIVE - COMPENSATION FOR SERVICES		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(3) ERIK INNOCENTI	PART V NARRATIVE - FAMILY MEMBER OF PHILOMENA MCANDREW, A BOARD MEMBER	219,193	PART V NARRATIVE - COMPENSATION FOR SERVICES		No
(1) GIL MELMED MD	PART V NARRATIVE - FAMILY MEMBER OF DR. SHLOMO MELMED, A KEY EMPLOYEE	1,017,948	PART V NARRATIVE - COMPENSATION FOR SERVICES		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(5) 121 SAN VICENTE LLC	PART V NARRATIVE - LLC MORE THAN 35% OWNED BY MOHAMED AHMAR, A BOARD MEMBER	2,982,971	PART V NARRATIVE - PROPERTY LEASE		No
(1) FIRST PACIFIC ADVISORS LLC	PART V NARRATIVE - LLC MORE THAN 35% OWNED BY STEVEN ROMICK, A BOARD MEMBER	453,501	PART V NARRATIVE - INVESTMENT MANAGEMENT FEES		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(7) SUBSTANTIAL CONTRIBUTOR	PART V NARRATIVE - SUBSTANTIAL CONTRIBUTOR	5,475,819	PART V NARRATIVE - COMPENSATION FOR SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	PART V NARRATIVE - SUBSTANTIAL CONTRIBUTOR	396,162	PART V NARRATIVE - INVESTMENT MANAGEMENT FEES		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(9) SUBSTANTIAL CONTRIBUTOR	PART V NARRATIVE - SUBSTANTIAL CONTRIBUTOR	1,450,803	PART V NARRATIVE - COMPENSATION FOR SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	PART V NARRATIVE - SUBSTANTIAL CONTRIBUTOR	599,804	PART V NARRATIVE - COMPENSATION FOR SERVICES		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(11) SUBSTANTIAL CONTRIBUTOR	PART V NARRATIVE - SUBSTANTIAL CONTRIBUTOR	1,049,454	PART V NARRATIVE - COMPENSATION FOR SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	PART V NARRATIVE - SUBSTANTIAL CONTRIBUTOR	839,312	PART V NARRATIVE - COMPENSATION FOR SERVICES		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(13) SUBSTANTIAL CONTRIBUTOR	PART V NARRATIVE - SUBSTANTIAL CONTRIBUTOR	731,271	PART V NARRATIVE - COMPENSATION FOR SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	PART V NARRATIVE - SUBSTANTIAL CONTRIBUTOR	1,766,795	PART V NARRATIVE - COMPENSATION FOR SERVICES		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(15) SUBSTANTIAL CONTRIBUTOR	PART V NARRATIVE - SUBSTANTIAL CONTRIBUTOR	248,865	PART V NARRATIVE - COMPENSATION FOR SERVICES		No

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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	68	0	
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	41	13,674,295	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** 1

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 isn't required to be used for exempt purposes for the entire holding period? **30a** Yes 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 nonstandard contributions? **31** Yes No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** Yes No

b If "Yes," describe in Part II.

33 If the organization didn't 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 NUMBER OF ITEMS RECEIVED FOR LINE 1 WITH RESPECT TO PIECES OF ARTWORK AND THE NUMBER OF INSTANCES OF DONATION OCCURED FOR LINE 9 WITH RESPECT TO PUBLICLY TRADED SECURITIES.
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. 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.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

CEDARS-SINAI MEDICAL CENTER

Employer identification number

95-1644600

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	CEDARS-SINAI HEALTH SYSTEM IS THE SOLE MEMBER OF THE FILING ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	CSMC'S SOLE MEMBER, CEDARS-SINAI HEALTH SYSTEM, HAS THE POWER TO ELECT INDIVIDUALS TO THE BOARD OF DIRECTORS OF CEDARS-SINAI MEDICAL CENTER IN ACCORDANCE WITH THE NOMINATION AND ELECTION PROCESS SET FORTH IN THE CSMC'S BYLAWS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	CEDARS-SINAI HEALTH SYSTEM'S APPROVAL IS REQUIRED BEFORE CEDARS-SINAI MEDICAL CENTER CAN DO ANY OF THE FOLLOWING: CHANGE ITS MISSION, VISION, AND VALUES; CHANGE ITS CORPORATE STRUCTURE IN A MANNER THAT WOULD AFFECT TAX-EXEMPT STATUS; APPROVE THE COMMUNITY BENEFIT PLAN; VOLUNTARILY DISSOLVE; INCUR MATERIAL INDEBTEDNESS; SELL REAL PROPERTY; EXECUTE MATERIAL CONTRACTS NOT ALREADY SET FORTH IN AN APPROVED BUDGET; AND CERTAIN OTHER MATERIAL CORPORATE ACTIONS.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART VI, SECTION B, LINE 12C</p>	<p>THE CEDARS-SINAI MEDICAL CENTER (CSMC) CONFLICT OF INTEREST POLICY IS A BOARD-APPROVED POLICY AND CONFLICT OF INTEREST OVERSIGHT IS THE RESPONSIBILITY OF THE BOARD OF DIRECTORS. CONFLICT REPORTING IS REQUIRED THROUGH THE OFFICE OF THE PRESIDENT/CEO WHO REPORTS TO THE BOARD ON COI-RELATED MATTERS THROUGH THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS. MONITORING PRACTICES: REGULAR AND CONSISTENT MONITORING IS DELEGATED BY THE PRESIDENT/CEO TO THE DIRECTOR OF INTERNAL AUDIT/CONFLICT OF INTEREST (COI) ADMINISTRATOR AND THE CONFLICT OF INTEREST STEERING COMMITTEE. ADDITIONAL MONITORING AND ENFORCEMENT OF CONFLICTS OF INTEREST IS HANDLED THROUGH RESEARCH ADMINISTRATION AND THE INSTITUTIONAL REVIEW BOARDS (IRB) IN SUPPORT OF COMPLIANCE WITH THE CONFLICT OF INTEREST REQUIREMENTS OF THE NATIONAL INSTITUTES OF HEALTH FOR SPECIFIC RESEARCH PROTOCOLS. MECHANISMS ARE IN PLACE TO PROVIDE FOR COLLABORATION BETWEEN COI ADMINISTRATION AND RESEARCH ADMINISTRATION. ADDITIONALLY, HOSPITAL-BASED PHYSICIANS COI MATTERS ARE HANDLED BY THE APPLICABLE HOSPITAL-BASED PHYSICIAN CHAIRMEN AND COORDINATION ALSO OCCURS WHERE NECESSARY (SUCH AS WITH THE MEDICAL STAFF OFFICE FOR PHYSICIANS HOLDING MEDICAL STAFF COMMITTEE APPOINTMENTS). WHERE CONFLICTS ARE IDENTIFIED THAT REQUIRE EITHER FORMAL OR INFORMAL MONITORING, RELATED ROUTINE OR PERIODIC MONITORING IN THE SEVERAL INSTANCES 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. COVERED INDIVIDUALS: UNDER THE CONFLICT OF INTEREST POLICY, "COVERED INDIVIDUALS" REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE INCLUDE: MEMBERS OF THE BOARD OF DIRECTORS AND COMMITTEES OF THE BOARD; THE PRESIDENT/CEO; SENIOR EXECUTIVES (DIRECT REPORTS TO THE CEO); MEMBERS OF THE COI STEERING COMMITTEE; MEMBERS OF THE FACULTY; MEMBERS OF THE MEDICAL STAFF WITH ADMINISTRATIVE RESPONSIBILITIES; MEMBERS OF MEDICAL STAFF COMMITTEES; RESEARCH INVESTIGATORS; AND OTHER INDIVIDUALS IDENTIFIED BY THE BOARD OR EXECUTIVE LEADERSHIP. WHILE ALL EMPLOYEES ARE REQUIRED BY POLICY TO DISCLOSE POTENTIAL CONFLICTS TO THEIR SUPERVISORS WHEN THEY ARISE, THE NOTED COVERED INDIVIDUALS ARE REQUIRED TO COMPLETE FORMAL ANNUAL DISCLOSURE USING A PRESCRIBED QUESTIONNAIRE. MORE FREQUENT DISCLOSURE IS REQUIRED AS WARRANTED BY ACTIVITIES UNDERTAKEN BETWEEN ANNUAL DISCLOSURES. THE DISCLOSURE POLICY EXTENDS TO FAMILY MEMBERS OF COVERED INDIVIDUALS AS THEY MAY DIRECTLY OR INDIRECTLY 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. ALL QUESTIONNAIRES ARE ANALYZED AND ALL DISCLOSURES MADE ARE REVIEWED FOR VALIDITY, COMPLETENESS AND THE PRESENCE OF A REAL OR PERCEIVED CONFLICT OF INTEREST. CONFLICTS OF INTEREST ARE ANALYZED, REVIEWED, MONITORED AND ENFORCED THROUGH WORKFLOWS REPORTING UP TO THE PRESIDENT</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>T/CEO. ALL DISCLOSURES ARE REVIEWED FIRST BY COI ADMINISTRATION AND THEN: (1) FOR BOARD, EXECUTIVE AND COI STEERING COMMITTEE MEMBERS, REVIEWED BY GENERAL COUNSEL; AND (2) FOR ALL OTHER INDIVIDUALS REQUIRED TO SUBMIT ANNUAL CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRES, REVIEWED BY THE COI STEERING COMMITTEE. THE COI 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 POLICY DEVELOPMENT AND MAINTENANCE, AND OTHER COI RELATED MATTERS. A SUB-GROUP OF THE COMMITTEE REVIEWS MATTERS IDENTIFIED BY COI ADMINISTRATION AS REQUIRING ADDITIONAL REVIEW AND ACTION. THIS GROUP CLOSURES OR MOVES THE MATTERS UP TO THE COI STEERING COMMITTEE LEVEL FOR REVIEW AND ACTION. REGARDLESS OF THE MONITORING AND ENFORCEMENT PATH, DISCLOSURES ARE CONCLUDED 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 PLAN: IRB (FORMAL PLAN IS DEVELOPED AND MANAGED BY RESEARCH ADMINISTRATION FOR CLINICAL TRIAL RELATED MATTERS); -- MANAGED BY SEPARATION (FROM EITHER THEIR APPLICABLE CSMC ROLE OR THE ACTIVITY CREATING THE CONFLICT); -- CONFLICT (A CONFLICT THAT MUST BE REPORTED FOR CEO/BOARD LEVEL ACTION). ANYONE IN VIOLATION OF THE POLICY IS SUBJECT TO THE FOLLOWING ADMINISTRATIVE ACTIONS INCLUDING ORAL ADMONISHMENT, WRITTEN REPRIMAND, DISCIPLINE, REASSIGNMENT, DEMOTION, SUSPENSION, REMOVAL, TERMINATION OR SEPARATION. THE MEDICAL CENTER RESERVES THE RIGHT TO PURSUE OTHER ACTIONS AGAINST ANYONE WHO VIOLATES THE COI POLICY TO THE DETRIMENT OF THE MEDICAL CENTER.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>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 WITH RESPECT TO SUCH ISSUES, 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 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 ENGAGE AN INDEPENDENT COMPENSATION AND BENEFITS CONSULTANT, AND ANY OTHER ADVISORS IT DEEMS 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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION'S FORMS 990 AND 990-T ARE AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION POSTS ITS CORPORATE INTEGRITY PROGRAM POLICY ON ITS WEBSITE AT HTTPS://WWW.CEDARS-SINAI.ORG/CONTENT/DAM/CEDARS-SINAI/ ABOUT-US/DOCUMENTS/CORPORATE_INTEGRITY_POLICY1.PDF . THE CORPORATE INTEGRITY PROGRAM POLICY OUTLINES THE STANDARDS OF CONDUCT. 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN PENSION LIABILITY -68,656,384. INVESTMENT IN JOINT VENTURES - PRIOR YEAR -62,670,997. TRANSFER TO AFFILIATES -165,580,728. INVESTMENT IN JOINT VENTURES - CURRENT YEAR 58,793,639. ROUNDING -518.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

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 TSB STE 290 LOS ANGELES, CA 90048 42-1535811	HOSPITAL BILLING	DE	144,051	0	CEDARS-SINAI MEDICAL CENTER
(2) RECS LLC 8700 BEVERLY BLVD TSB STE 290 LOS ANGELES, CA 90048 47-2717150	HOLDING COMPANY	DE	0	0	CEDARS-SINAI MEDICAL CENTER
(3) CEDARS-SINAI BH ASC LLC 200 N ROBERTSON BLVD 101 BEVERLY HILLS, CA 90211 81-2266744	HOLDING COMPANY	CA	497,838	0	CEDARS-SINAI MEDICAL CENTER
(4) BEVERLY HILLS TECHNICAL IMAGING LLC 200 N ROBERTSON BLVD 101 BEVERLY HILLS, CA 90211 83-2046634	HOLDING COMPANY	CA	9,860,444	14,803,837	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.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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.

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) OPTIMATRIX HEALTH SOLUTIONS INC 6500 WILSHIRE BLVD 9TH FLOOR LOS ANGELES, CA 90048 95-4522779	INACTIVE	CA	CEDARS-SINAI MEDICAL CENTER	C			100.000 %	Yes	
(2) OTOHARMONICS CORPORATION 811 SW 6TH AVE STE 1000 PORTLAND, OR 97204 46-1119421	HEALTHCARE PRODUCT DEVELOPMENT	DE	CEDARS-SINAI MEDICAL CENTER	C	252,061	546,223	87.700 %	Yes	
(3) CENTINELA FREEMAN HOLDINGS INC 8700 BEVERLY BLVD TSB-290 LOS ANGELES, CA 90048 59-3811890	REAL ESTATE HOLDINGS	CA	CEDARS-SINAI MEDICAL CENTER	C	887,848	31,086,120	100.000 %	Yes	
(4) CHARITABLE REMAINDER TRUSTS (CRAT-5 CRUT-3)	TRUST	CA	N/A	T					No
(5) 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.

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Yes	
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)	Yes	
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)		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.

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

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

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
15821 VENTURA BLVD STE 520 ENCINO, CA 91436 95-4457756	PROVISION OF MEDICAL CARE, TEACHING, AND RESEARCH	CA	501(C)(3)	LINE 12A, I	CEDARS-SINAI MEDICAL CENTER	Yes	
15821 VENTURA BLVD STE 520 ENCINO, CA 91436 95-4772979	PROMOTE, SUPPORT, AND DEVELOP EDUCATIONAL AND SCIENTIFIC RESEARCH	CA	501(C)(3)	LINE 7	CEDARS-SINAI MEDICAL CENTER	Yes	
6801 PARK TERRACE STE 500 LOS ANGELES, CA 90045 95-4707606	EDUCATION AND RESEARCH RELATED TO ORTHOPAEDIC MEDICINE	CA	501(C)(3)	LINE 7	CEDARS-SINAI MEDICAL CARE FOUNDATION	Yes	
2020 SANTA MONICA BLVD 4TH FL SANTA MONICA, CA 90404 95-4789926	EDUCATION AND RESEARCH RELATED TO ORTHOPAEDIC AND NEUROLOGIC CONDITIONS	CA	501(C)(3)	PF	CEDARS-SINAI MEDICAL CARE FOUNDATION	Yes	
4650 LINCOLN BLVD MARINA DEL REY, CA 90292 20-1645949	HEALTH SERVICES	CA	501(C)(3)	LINE 3	CEDARS-SINAI MEDICAL CENTER	Yes	
8700 BEVERLY BLVD LOS ANGELES, CA 90048 30-0990905	SUPPORT SPECIFIED NONPROFIT HEALTHCARE ORGANIZATIONS	CA	501(C)(3)	LINE 12C, III-FI	N/A		No
3330 LOMITA BLVD TORRANCE, CA 90505 33-0073515	HEALTH SERVICES	CA	501(C)(3)	LINE 12B, II	CEDARS-SINAI HEALTH SYSTEM	Yes	
3330 LOMITA BLVD TORRANCE, CA 90505 95-3528452	FUNDRAISING	CA	501(C)(3)	LINE 7	TORRANCE HEALTH ASSOCIATION	Yes	
3330 LOMITA BLVD TORRANCE, CA 90505 95-1644042	HEALTH SERVICES	CA	501(C)(3)	LINE 3	TORRANCE HEALTH ASSOCIATION	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CEDARS-SINAI MEDICAL CARE FOUNDATION	B	100,000,000	FAIR MARKET VALUE
CEDARS-SINAI MEDICAL CARE FOUNDATION	R	810,299,103	FAIR MARKET VALUE
CEDARS-SINAI MEDICAL CARE FOUNDATION	Q	10,189,761	FAIR MARKET VALUE
CFHS HOLDINGS INC	P	12,571,680	FAIR MARKET VALUE
CFHS HOLDINGS INC	Q	129,009,551	FAIR MARKET VALUE
CFHS HOLDINGS INC	R	10,771,051	FAIR MARKET VALUE
CENTINELA FREEMAN HOLDINGS INC	Q	2,440,843	FAIR MARKET VALUE
CENTINELA FREEMAN HOLDINGS INC	R	317,527	FAIR MARKET VALUE
90210 ASC VENTURE LLC	A	53,007	FAIR MARKET VALUE
90210 ASC VENTURE LLC	D	601,645	FAIR MARKET VALUE
OTOHARMONICS CORPORATION	R	655,015	FAIR MARKET VALUE
CFHS HOLDINGS INC	I	892,312	FAIR MARKET VALUE
90210 ASC VENTURE LLC	R	154,699	FAIR MARKET VALUE
ENDOSCOPY CENTER OF SANTA MONICA LLC	A	4,313	FAIR MARKET VALUE
ENDOSCOPY CENTER OF SANTA MONICA LLC	Q	1,653,361	FAIR MARKET VALUE
ENDOSCOPY CENTER OF SANTA MONICA LLC	R	2,093,777	FAIR MARKET VALUE
TORRANCE HEALTH ASSOCIATION	B	4,996,088	FAIR MARKET VALUE
TORRANCE MEMORIAL MEDICAL CENTER	A	482,329	FAIR MARKET VALUE
TORRANCE MEMORIAL MEDICAL CENTER	D	39,625,000	FAIR MARKET VALUE