

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
2021
Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07-01-2021, and ending 06-30-2022

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 \$ 4,698,646,525

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)	3	34
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	27
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	18,482
6 Total number of volunteers (estimate if necessary)	6	2,622
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	40,504,134
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	485,370,389	511,687,436
9 Program service revenue (Part VIII, line 2g)	3,755,748,269	3,924,892,901
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	185,661,511	207,583,336
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	56,521,587	54,481,413
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,483,301,756	4,698,645,086
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	31,150,887	36,382,046
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)	1,806,425,007	1,875,531,723
16a Professional fundraising fees (Part IX, column (A), line 11e)	74,929	199,311
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17,517,330		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,786,721,318	2,036,829,839
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,624,372,141	3,948,942,919
19 Revenue less expenses. Subtract line 18 from line 12	858,929,615	749,702,167

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	8,483,105,195	9,869,382,713
21 Total liabilities (Part X, line 26)	2,304,443,842	3,502,373,947
22 Net assets or fund balances. Subtract line 21 from line 20	6,178,661,353	6,367,008,766

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: 2023-05-15
 DAVID M WRIGLEY EXECUTIVE VP, 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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

CEDARS-SINAI IS A NONPROFIT, INDEPENDENT HEALTHCARE ORGANIZATION COMMITTED TO IMPROVING THE HEALTH STATUS OF THE COMMUNITIES WE SERVE THROUGH:(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- IMPROVING THE HEALTH STATUS OF THE COMMUNITYQUALITY 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 INSPIRE DEVOTION TO THE ART AND SCIENCE OF HEALING AND TO THE CARE WE GIVE 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 \$ 3,009,889,747 including grants of \$ 33,363,945) (Revenue \$ 3,762,710,294)
See Additional Data

4b (Code:) (Expenses \$ 272,991,751 including grants of \$ 535,880) (Revenue \$ 148,516,119)
See Additional Data

4c (Code:) (Expenses \$ 112,083,366 including grants of \$ 2,482,221) (Revenue \$ 13,666,488)
See Additional Data

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

4e Total program service expenses ▶ 3,394,964,864

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Answer (Yes/No). Rows include questions 1 through 21, with sub-questions a-f for questions 11 and 14. Each row has a corresponding 'Yes' or 'No' in the answer column.

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		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	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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		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?		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		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		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		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	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		No
28	Was the organization a party to a business transaction with one of the following parties (see the 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		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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	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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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	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		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		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	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		
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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 18,482		
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)? . . . 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).	4a	Yes	
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 the 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
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . If "Yes," complete Form 6069.	17		

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 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (34); 1b Enter the number of voting members included in line 1a, above, who are independent (27); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (No); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (Yes)

Section C. Disclosure

Table with 2 columns: Question, Answer. Row 17: List the states with which a copy of this Form 990 is required to be filed (CA, AL, AK, CO, DC, FL, IL, KY, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, SC, TN, UT, WA, WI). Row 18: Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [x] Upon request [] Other (explain in Schedule O). Row 19: Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. Row 20: State the name, address, and telephone number of the person who possesses the organization's books and records: DAVID M WRIGLEY 8700 BEVERLY BLVD LOS ANGELES, CA 90048 (310) 423-3277

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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 for Sub-Total, Total from continuation sheets, and Total (add lines 1b and 1c) with values 30,345,713, 0, and 3,684,063.

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 5,834

Table with 3 columns: Question number, Question text, and Yes/No response columns. Contains questions 3, 4, and 5 regarding compensation reporting.

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 with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like AYA HEALTHCARE INC, COMMUNITY URGENT CARE MED GRP, etc.

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 417

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	15,302				
	d Related organizations	1d					
	e Government grants (contributions)	1e	128,256,545				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	383,415,589				
	g Noncash contributions included in lines 1a - 1f:\$	1g	32,711,855				
	h Total. Add lines 1a-1f			511,687,436			
Program Service Revenue	2a COMMERCIAL AND MANAGED CARE	Business Code 622110	2,784,946,764	2,784,946,764			
	b MEDICARE & MEDICAID	622110	952,738,557	952,738,557			
	c SELF PAY AND OTHERS	622110	129,686,473	129,686,473			
	d PREMIUM REVENUE	622110	30,464,539	30,464,539			
	e OTHER OPERATING REVENUE	622110	12,900,797	12,900,797			
	f All other program service revenue.		14,155,771	14,155,771			
	g Total. Add lines 2a-2f.		3,924,892,901				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		60,646,039			60,646,039	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		2,906,251			2,906,251	
	6a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	146,937,297				
		(ii) Other					
		b Less: cost or other basis and sales expenses	0				
		c Gain or (loss)	146,937,297				
	d Net gain or (loss)		146,937,297			146,937,297	
	8a Gross income from fundraising events (not including \$ 15,302 of contributions reported on line 1c). See Part IV, line 18						
		8a	6,960				
b Less: direct expenses		8b	1,439				
c Net income or (loss) from fundraising events			5,521		5,521		
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	30,939,737		30,939,737		
b PARKING REVENUE		531310	11,065,507			11,065,507	
c CONV LP INT TO STOCK		901101	8,033,313		8,033,313		
d All other revenue			1,531,084		1,531,084		
e Total. Add lines 11a-11d			51,569,641				
12 Total revenue. See instructions			4,698,645,086	3,924,892,901	40,504,134	221,560,615	

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	36,322,046	36,322,046		
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.	60,000	60,000		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	17,539,823	8,522,538	9,017,285	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	920,059	920,059		
7 Other salaries and wages	1,484,878,116	1,302,657,419	171,709,233	10,511,464
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	149,156,403	127,192,627	21,963,776	
9 Other employee benefits	113,098,446	106,422,310	3,542,415	3,133,721
10 Payroll taxes	109,938,876	93,663,544	16,275,332	
11 Fees for services (non-employees):				
a Management	20,123,899	20,123,899		
b Legal	17,305,343	3,254,093	14,051,250	
c Accounting	1,172,260	1,400	1,170,860	
d Lobbying	792,847	792,847		
e Professional fundraising services. See Part IV, line 17	199,311			199,311
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)	372,182,449	283,245,029	86,664,388	2,273,032
12 Advertising and promotion	23,745,245	3,315,775	20,429,470	
13 Office expenses	39,113,308	34,862,214	3,934,891	316,203
14 Information technology	189,126,786	138,238,203	50,888,583	
15 Royalties	3,526,795	3,526,795		
16 Occupancy	67,645,179	53,386,025	14,254,147	5,007
17 Travel	6,586,982	5,141,151	1,324,076	121,755
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,153,161	1,332,076	602,402	218,683
20 Interest	48,235,572	26,232,960	22,002,612	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	199,989,612	173,420,076	26,499,280	70,256
23 Insurance	39,031,077	32,527,453	6,503,624	
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	569,197,782	569,197,782		
b RESTRICTED FUND EXPENSE	200,622,007	200,622,007		
c MISCELLANEOUS	124,969,622	64,233,618	60,262,024	473,980
d MEDI-CAL PROGRAM FEE	91,329,271	91,329,271		
e All other expenses	19,980,642	14,421,647	5,365,077	193,918
25 Total functional expenses. Add lines 1 through 24e	3,948,942,919	3,394,964,864	536,460,725	17,517,330
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	1,078,614,881	1	984,390,940
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	272,406,370	3	285,665,907
	4 Accounts receivable, net	666,361,777	4	789,346,681
	5 Loans and other receivables from 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	2,081,950	5	2,475,230
	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	22,903,065	7	23,866,038
	8 Inventories for sale or use	40,591,397	8	38,480,808
	9 Prepaid expenses and deferred charges	46,711,731	9	76,004,164
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	5,176,222,020		
	b Less: accumulated depreciation	2,388,277,702		
	11 Investments—publicly traded securities	2,604,236,959	11	3,000,782,262
	12 Investments—other securities. See Part IV, line 11	406,535,919	12	795,847,879
	13 Investments—program-related. See Part IV, line 11	217,542,746	13	531,449,908
	14 Intangible assets	54,041,153	14	46,462,150
	15 Other assets. See Part IV, line 11	533,240,882	15	506,666,428
16 Total assets. Add lines 1 through 15 (must equal line 33)	8,483,105,195	16	9,869,382,713	
Liabilities	17 Accounts payable and accrued expenses	784,960,521	17	907,773,820
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	1,072,715,307	20	1,025,782,117
	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	60,295,302	23	82,040,483
	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	386,472,712	25	1,486,777,527
	26 Total liabilities. Add lines 17 through 25	2,304,443,842	26	3,502,373,947
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	5,241,503,300	27	5,311,788,955
	28 Net assets with donor restrictions	937,158,053	28	1,055,219,811
	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	6,178,661,353	32	6,367,008,766	
33 Total liabilities and net assets/fund balances	8,483,105,195	33	9,869,382,713	

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	4,698,645,086
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,948,942,919
3	Revenue less expenses. Subtract line 2 from line 1	3	749,702,167
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,178,661,353
5	Net unrealized gains (losses) on investments	5	-563,590,794
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	2,236,040
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,367,008,766

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 95-1644600

Name: CEDARS-SINAI MEDICAL CENTER

Form 990 (2021)

Form 990, Part III, Line 4a:

CLINICAL CARE: CEDARS-SINAI HAS BEEN NAMED THE #1 HOSPITAL IN CALIFORNIA AND #2 HOSPITAL IN THE NATION IN U.S. NEWS & WORLD REPORT'S "2022-2023 BEST HOSPITALS" RANKINGS AND PLACED AMONG THE VERY BEST IN 11 SPECIALTIES NATIONWIDE. AS SUCH, CEDARS-SINAI IS DEEPLY COMMITTED TO LEADERSHIP AND EXCELLENCE IN DELIVERING QUALITY PATIENT CARE FOR ALL, EXPANDING THE HORIZONS OF MEDICAL KNOWLEDGE THROUGH INNOVATIVE BIOMEDICAL RESEARCH, PROVIDING OUTSTANDING EDUCATION AND TRAINING FOR PHYSICIANS AND OTHER (SEE SCHEDULE O FOR CONTINUATION)(CONTINUED)HEALTHCARE PROFESSIONALS, IMPROVING THE HEALTH STATUS OF THE NEEDIEST IN ITS COMMUNITY, AND PARTNERING WITH DONORS AND ORGANIZATIONS TO SUPPORT THESE PILLARS OF ITS MISSION. IN FISCAL YEAR 2022, CEDARS-SINAI MEDICAL CENTER REPORTED 288,474 INPATIENT DAYS (APPROXIMATELY 790 PER DAY), AND 955,200 OUTPATIENT VISITS. THERE WERE 45,498 INPATIENT ADMISSIONS, AND 88,260 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 FISCAL YEAR 2022, CEDARS-SINAI PERFORMED 107 HEART TRANSPLANTS AND 73 LUNG 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 MORE HEART TRANSPLANTS THAN ANY OTHER HOSPITAL AS WELL AS NEWER TECHNOLOGIES TO TREAT ADVANCED HEART DISEASE. CEDARS-SINAI'S SERVICES FOR CANCER PATIENTS ARE SIMILARLY BROAD IN SCOPE AND SIZE. AT ANY GIVEN TIME, PATIENTS HAVE ACCESS TO APPROXIMATELY 200 CLINICAL TRIALS THROUGH CEDARS-SINAI CANCER. IN FISCAL YEAR 2022, CEDARS-SINAI'S ONCOLOGY EXPERTS TREATED 238,528 PATIENTS FOR OVER 60 TYPES OF CANCER AT MORE THAN 10 LOCATIONS THROUGHOUT GREATER LOS ANGELES. CEDARS-SINAI GUERIN CHILDREN'S, A NEW 26-BED FACILITY FOR ADVANCED PEDIATRIC CARE, OPENED IN SUMMER 2022, PROVIDING A SEAMLESS CONTINUUM OF PRIMARY AND SPECIALTY CARE FOR HOSPITALIZED PATIENTS AND OUTPATIENTS AS THEY GROW FROM NEWBORNS TO ADOLESCENTS TO ADULTS.

Form 990, Part III, Line 4b:

RESEARCH: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. (SEE SCHEDULE O FOR CONTINUATION)(CONTINUED)THIS PAST FISCAL YEAR, CEDARS-SINAI SCIENTISTS AND PHYSICIAN-RESEARCHERS WERE ENGAGED IN MORE THAN 2,000 ACTIVE RESEARCH PROJECTS AND 597 CLINICAL TRIALS 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 IN UNDERSERVED COMMUNITIES. CEDARS-SINAI PHYSICIAN SCIENTISTS PUBLISHED OVER 2,800 PEER-REVIEWED FACULTY PUBLICATIONS. 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 2022, CEDARS-SINAI'S TOTAL COST OF RESEARCH WAS \$113,283,740, INCLUDING 190 NATIONAL INSTITUTES OF HEALTH GRANTS AND OTHER GRANTS TOTALING \$148,516,119.

Form 990, Part III, Line 4c:

TRAINING FOR PHYSICIANS AND OTHER HEALTH PROFESSIONALS:FROM THE CLASSROOM TO THE CLINIC, FROM HIGH SCHOOLERS TO GRADUATE STUDENTS AND RESIDENTS, CEDARS-SINAI IS AN EPICENTER OF EDUCATION, MENTORING AND INSPIRATION FOR YOUNG PEOPLE AND FUTURE LEADERS. CEDARS-SINAI'S EDUCATIONAL MISSION IS KEY TO ENSURING A LEGACY OF HIGH-QUALITY SCIENCE AND PATIENT CARE FOR GENERATIONS TO COME. IN FISCAL YEAR 2022, CEDARS-SINAI'S NET COST OF PROVIDING THESE TRAINING PROGRAMS WAS \$98,416,878.(SEE SCHEDULE O FOR CONTINUATION)(CONTINUED)CEDARS-SINAI OFFERS 15 RESIDENCY PROGRAMS AND 89 FELLOWSHIP PROGRAMS IN A VARIETY OF HIGHLY RANKED SPECIALTIES. IN FISCAL YEAR 2022, 23% OF INTERVIEWS FOR MEDICAL RESIDENCIES AT CEDARS-SINAI WERE OFFERED TO UNDERREPRESENTED STUDENTS, AND 17% OF THOSE CANDIDATES MATCHED IN ONE OF ITS PROGRAMS. SIXTEEN STUDENTS GRADUATED IN CEDARS-SINAI'S MASTER'S DEGREE PROGRAMS IN HEALTH DELIVERY SCIENCE AND MAGNETIC RESONANCE IMAGING, AND SIX MORE GRADUATED FROM CEDARS-SINAI'S PHD IN BIOMEDICAL SCIENCES PROGRAM. THE GERI AND RICHARD BRAWERMAN NURSING INSTITUTE WELCOMED A RECORD NUMBER OF NEW NURSES TO THE NEW-GRADUATE REGISTERED NURSE RESIDENCY PROGRAM, WHICH HELPS NURSES THROUGHOUT THEIR FIRST YEAR OF PROFESSIONAL PRACTICE.

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	X		X				5,159,849	0	1,416,735
KIMBERLY GREGORY MD STAFF PHYS./BOARD MEMBER	11.00 60.00	X						587,575	0	77,977
PEGGY MILES MD STAFF PHYS./BOARD MEMBER	0.00 60.00	X						405,283	0	45,493
ZURI MURRELL MD MEDICAL DIRECTOR/BOARD MEMBER	2.00 8.00	X						25,926	0	778
MOHAMED MIKE AHMAR BOARD MEMBER/SECRETARY	0.00 5.00	X		X				0	0	0
SONU AHLUWALIA MD BOARD MEMBER	0.00 5.00	X						0	0	0
JOHN BENDHEIM BOARD MEMBER	0.00 5.00	X						0	0	0
LAURA W BRILL BOARD MEMBER	1.00 5.00	X						0	0	0
DALE COCHRAN BOARD MEMBER	2.00 5.00	X						0	0	0
MARC EDELSTEIN MD CHIEF OF STAFF/BOARD MEMBER	0.00 5.00	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			
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
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/VICE CHAIR	5.00 2.00	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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS J LEANSE ESQ BOARD MEMBER	5.00 3.00	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
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
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 3.00	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			
STEVEN ROMICK BOARD MEMBER	5.00 2.00	X						0	0	0
DAVID SADKIN BOARD MEMBER	5.00 0.00	X						0	0	0
KENNETH SAMET FACHE BOARD MEMBER	5.00 0.00	X						0	0	0
GINA SANCHEZ BOARD MEMBER	5.00 0.00	X						0	0	0
MARK S SIEGEL BOARD MEMBER	5.00 2.00	X						0	0	0
G GABRIELLE GABI STARR PHD BOARD MEMBER	5.00 0.00	X						0	0	0
LESLIE F VERMUT BOARD MEMBER/VICE CHAIR	5.00 4.00	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

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			
EDWARD M PRUNCHUNAS TREASURER	60.00 9.00			X				2,430,502	0	180,416
DAVID M WRIGLEY CHIEF FINANCIAL OFFICER	60.00 2.00			X				1,816,687	0	103,394
SHLOMO MELMED MD CHIEF ACADEMIC OFFICER	60.00 1.00				X			2,846,170	0	741,936
JEFFREY SMITH MD JD MMM CHIEF OPERATING OFFICER	60.00 4.00				X			1,957,088	0	63,397
EDUARDO MARBAN MD DIRECTOR-HEART INSTITUTE	60.00 1.00					X		3,538,287	0	360,525
KEITH BLACK MD CHAIR-NEUROSURGERY	60.00 0.00					X		3,517,321	0	232,997
RAJENDRA MAKKAR MD EXEC DIRECTOR-CARDIAC INTERVENTIONAL SERVICES	60.00 0.00					X		2,970,137	0	162,395
JOANNA CHIKWE MD CHAIR-CARDIAC SURGERY	60.00 0.00					X		2,808,589	0	150,171
BRUCE GEWERTZ MD CHAIR-DEPT OF SURGERY	60.00 0.00					X		2,282,299	0	147,849

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
CEDARS-SINAI MEDICAL CENTER

Employer identification number
95-1644600

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

The organization is not a private foundation because it is: (For lines 1 through 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).)
- 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 on 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 5 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 2021 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2020 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2021. 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—2020. 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—2021. 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—2020. 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 5 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 2021 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2021. 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—2020. 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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? 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.		
	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)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
	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)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
	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)? 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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).		
	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? If "Yes," provide detail in Part VI .		
	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? If "Yes," complete Part I of Schedule L (Form 990).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
	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))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	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)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
	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 on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, 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 line 2 above, 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 lines 2a and 2b 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>		
b	Did the activities described on line 2a, above 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 lines 3a and 3b 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>If "Yes" or "No," 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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035	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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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)

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
2021
Open to Public Inspection

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
---	---

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

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

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response 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		650,419
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		142,428
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total. Add lines 1c through 1i			792,847
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 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
2021
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 FASB 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 FASB 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 FASB 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	1,181,078,550	923,370,443	867,508,124	809,720,406	753,750,120
b Contributions	52,916,149	64,822,110	36,483,139	30,702,771	24,099,928
c Net investment earnings, gains, and losses	-135,507,755	206,650,800	32,119,212	30,851,444	35,532,478
d Grants or scholarships					
e Other expenditures for facilities and programs	14,092,049	13,764,803	12,740,032	3,766,497	3,662,120
f Administrative expenses					
g End of year balance	1,084,394,895	1,181,078,550	923,370,443	867,508,124	809,720,406

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

- a** Board designated or quasi-endowment ▶ 36.300 %
- b** Permanent endowment ▶ 63.700 %
- c** Term 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		182,585,449		182,585,449
b Buildings		3,141,434,522	1,200,605,717	1,940,828,805
c Leasehold improvements		45,326,616	36,491,279	8,835,337
d Equipment		1,441,260,492	1,151,180,706	290,079,786
e Other		365,614,941		365,614,941
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,787,944,318

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	795,847,879	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	795,847,879	

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) CONSOLIDATED INVESTMENTS	183,439,167	F
(2) EQUITY METHOD INVESTMENTS	348,010,741	F
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	531,449,908	

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	109,385,522
(2) OPERATING LEASE ROU ASSET	229,761,819
(3) FINANCING LEASE ROU ASSET	9,258,136
(4) SUPPLEMENTAL LIFE INSURANCE ASSET	16,790,300
(5) WORKERS' COMPENSATION STOP LOSS INSURANCE	14,741,000
(6) MALPRACTICE STOP LOSS INSURANCE	59,974,000
(7) OTHER INVESTMENTS	31,867,869
(8) PENSION ASSET - REGULAR PLAN	35,737,782
(9) DEFERRED TAXES	-850,000
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	506,666,428

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	86,543,000
(3) MALPRACTICE AND GENERAL LIABILITY PROGRAM	100,103,000
(4) PENSION LIABILITY	14,270,946
(5) DUE TO AFFILIATES	5,247,882
(6) LONG TERM OPERATING LEASE LIABILITY	227,754,871
(7) LONG TERM FINANCE LEASE LIABILITY	6,550,623
(8) LONG TERM DEBT LIABILITY	1,046,307,205
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,486,777,527

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	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 95-1644600

Name: CEDARS-SINAI MEDICAL CENTER

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
DUE FROM AFFILIATES	109,385,522
OPERATING LEASE ROU ASSET	229,761,819
FINANCING LEASE ROU ASSET	9,258,136
SUPPLEMENTAL LIFE INSURANCE ASSET	16,790,300
WORKERS' COMPENSATION STOP LOSS INSURANCE	14,741,000
MALPRACTICE STOP LOSS INSURANCE	59,974,000
OTHER INVESTMENTS	31,867,869
PENSION ASSET - REGULAR PLAN	35,737,782
DEFERRED TAXES	-850,000

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 248 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 2018.

**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

2021

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
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	2	3			176,707,265
b Total from continuation sheets to Part I	0	0			50,000
c Totals (add lines 3a and 3b)	2	3			176,757,265

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)
(1)		CENTRAL AMERICA AND THE CARIBBEAN	SUPPORT FOR HAITI HURRICANE HUMANITARIAN RELIEF	10,000	CHECK	0		
(2)		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,	SUPPORT FOR 2022 UKRAINE CRISIS RESPONSE	50,000	CHECK	0		
(3)								
(4)								

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

3 Enter total number of other organizations or entities ▶ 0

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 2	<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 A RESEARCH STUDY, CONFERENCE ATTENDANCE, MARKETING AND BUSINESS DEVELOPMENT, AND MAINTAINING AN OFFICE WITHIN SHANGHAI TO EXPAND ACCESS TO CEDARS-SINAI'S HEALTHCARE SERVICES TO PATIENTS IN CHINA ON A REFERRAL BASIS. REGION: NORTH AMERICA - THE ORGANIZATION IS PROVIDING FUNDING FOR VARIOUS RESEARCH STUDIES, CONFERENCE ATTENDANCE, MARKETING AND BUSINESS DEVELOPMENT, AND MAINTAINING CONSULTANTS AND AN OFFICE IN MEXICO TO EXPAND ACCESS TO CEDARS-SINAI'S HEALTHCARE SERVICES TO PATIENTS ACROSS LATIN AMERICA ON A REFERRAL BASIS. REGION: EUROPE (INCLUDING ICELAND & GREENLAND) - THE ORGANIZATION IS PROVIDING FUNDING FOR VARIOUS RESEARCH STUDIES, CONFERENCE ATTENDANCE, AND MARKETING AND BUSINESS DEVELOPMENT. REGION: MIDDLE EAST AND NORTH AFRICA - THE ORGANIZATION IS PROVIDING FUNDING FOR CONFERENCE ATTENDANCE, MARKETING AND BUSINESS DEVELOPMENT. REGION: RUSSIA AND NEIGHBORING STATES REGION - THE ORGANIZATION IS PROVIDING FUNDING FOR MARKETING AND BUSINESS DEVELOPMENT. REGION: SOUTH AMERICA - THE ORGANIZATION IS PROVIDING FUNDING FOR MARKETING AND BUSINESS DEVELOPMENT, AND MAINTAINING A CONSULTANT IN COLOMBIA TO EXPAND ACCESS TO CEDARS-SINAI'S HEALTHCARE SERVICES TO PATIENTS ACROSS SOUTH AMERICA ON A REFERRAL BASIS. PART I, LINE 3, COLUMN F REGION: CENTRAL AMERICA AND THE CARIBBEAN VALUE OF INVESTMENTS MADE: 174,104,907 AMOUNT OF INVESTMENT FEES: 7,026,139 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	174,104,907
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	1	0	PROGRAM SERVICES	SEE PART V NARRATIVE	158,684

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	669,633
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	SEE PART V NARRATIVE	1,414,316

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 - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES	SEE PART V NARRATIVE	232,112
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	SEE PART V NARRATIVE	21,331

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	1	PROGRAM SERVICES	SEE PART V NARRATIVE	96,282
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANT MAKING	N/A	10,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA AND NEIGHBORING STATES	0	0	GRANT MAKING	N/A	50,000

SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
CEDARS-SINAI MEDICAL CENTER

Employer identification number
95-1644600

Part I Fundraising Activities. Complete if the organization answered "Yes" 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 <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 TRACI HOFFBERG EVENTS 3940 LAUREL CANYON BLVD 162 STUDIO CITY, CA 91604	CONSULTING SERVICES		No	0	199,311	-199,311
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total					199,311	-199,311

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, 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
		TOM COLLIER MEMORIAL REGATTA (event type)	(event type)	(total number)	(add col. (a) through col. (c))
1	Gross receipts	22,262			22,262
2	Less: Contributions	15,302			15,302
3	Gross income (line 1 minus line 2)	6,960			6,960
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	1,088			1,088
	8 Entertainment	150			150
	9 Other direct expenses	201			201
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				1,439
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				5,521

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)	TRACI HOFFBERG EVENTS WAS HIRED TO ASSIST WITH THE PLANNING AND DELIVERY OF ACTIVITIES IN SUPPORT OF THE ANNUAL BOARD OF GOVERNORS GENERAL ASSEMBLY AND GALA EVENTS. SERVICES INCLUDE THE MANAGEMENT OF PROGRAMMING, INTERDEPARTMENTAL INFORMATION MANAGEMENT AND COMMUNICATION WITH PARTNERS, LEADERS AND POTENTIAL SERVICE PARTNERS.

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
2021
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)			39,703,838		39,703,838	0.990 %
b Medicaid (from Worksheet 3, column a)			454,079,035	335,979,961	118,099,074	2.960 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			22,876,513	17,098,066	5,778,447	0.140 %
d Total Financial Assistance and Means-Tested Government Programs			516,659,386	353,078,027	163,581,359	4.090 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			22,525,507	211,295	22,314,212	0.560 %
f Health professions education (from Worksheet 5)			112,083,366	13,666,488	98,416,878	2.470 %
g Subsidized health services (from Worksheet 6)			578,501,468	522,267,467	56,234,001	1.410 %
h Research (from Worksheet 7)			272,991,751	148,516,119	124,475,632	3.120 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			31,838,327		31,838,327	0.800 %
j Total. Other Benefits			1,017,940,419	684,661,369	333,279,050	8.360 %
k Total. Add lines 7d and 7j			1,534,599,805	1,037,739,396	496,860,409	12.450 %

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			4,750		4,750	0 %
2 Economic development			438,920		438,920	0.010 %
3 Community support			2,721,877		2,721,877	0.070 %
4 Environmental improvements			33,725		33,725	0 %
5 Leadership development and training for community members			90,820		90,820	0 %
6 Coalition building			368,125		368,125	0.010 %
7 Community health improvement advocacy			768,472		768,472	0.020 %
8 Workforce development			798,501		798,501	0.020 %
9 Other						
10 Total			5,225,190		5,225,190	0.130 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with 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		
			141,323,249
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		
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	796,402,449
6 Enter Medicare allowable costs of care relating to payments on line 5	6	995,314,960
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-198,912,511
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

	Yes	No
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)

See Additional Data Table	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

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>21</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>22</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:	13	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?	14	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):	15	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):	16	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
-----------	---	----	-----

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 C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

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, LN 7 COL(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 \$ 1,620,432.

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. DURING FY22, CEDARS-SINAI LEADERS PARTICIPATED IN COMMUNITY ACTIVITIES FOCUSED ON COMMUNITY HEALTH IMPROVEMENT AND SAFETY. CEDARS-SINAI IS ENGAGED IN LOCAL, REGIONAL AND STATE EFFORTS AND COLLABORATIVES THAT SUPPORT ACCESS TO HEALTH CARE, HOUSING AND HOMELESSNESS ISSUES. CEDARS-SINAI SUPPORTS PROGRAMS THAT ADDRESS COMMUNITY-WIDE WORKFORCE ISSUES, INCLUDING WORKSITE AND SCHOOL-BASED PROGRAMS FOR HIGH SCHOOL STUDENTS TO EXPOSE THEM TO CAREERS IN THE HEALTH CARE FIELD. ADDITIONAL WORKFORCE DEVELOPMENT PROGRAMS INCLUDED EDUCATION CLASSES, SEMINARS, CONFERENCES, DEMONSTRATIONS, TOURS AND EVENTS THAT REACHED STUDENTS. IN ADDITION, CEDARS-SINAI SUPPORTS ECONOMIC DEVELOPMENT BY SUPPORTING PROGRAMS THAT PROVIDE ASSISTANCE TO SMALL AND MINORITY BUSINESS DEVELOPMENTS IN VULNERABLE POPULATIONS AND BY SUPPORTING COUNCILS AND CHAMBERS OF COMMERCE ON ISSUES IMPACTING THE COMMUNITY'S HEALTH AND SAFETY. CEDARS-SINAI ALSO SUPPORTS PROGRAMS FOR LEADERSHIP DEVELOPMENT AND LEADERSHIP TRAINING FOR COMMUNITY MEMBERS.</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 14 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 \$198,912,511 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 6/30/22. 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>

990 Schedule H, Supplemental Information

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 (METRO), 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. 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 10 OTHER HOSPITALS SERVING THE COMMUNITIES. CEDARS-SINAI COMMUNITY BENEFIT SERVICE AREA (CURRENT): THE TOTAL POPULATION FOR CEDARS-SINAI COMMUNITY BENEFIT SERVICE AREA (CURRENT) IS 1,840,407. THE TOTAL POPULATION FOR LOS ANGELES COUNTY IS 10,081,570. RACE/ETHNICITY THE POPULATION CHARACTERISTICS FOR CEDARS-SINAI COMMUNITY BENEFIT SERVICE AREA ARE AS FOLLOWS: HISPANIC/LATINO (49.9%), WHITE (19.5%), BLACK/AFRICAN AMERICAN (17.6%), ASIAN (10.0%), AMERICAN INDIAN/ALASKAN NATIVE (0.2%), NATIVE HAWAIIAN/PACIFIC ISLANDER (0.2%), OTHER (2.6%) AGE LESS THAN 18 YEARS (21.3%), 18-24 (11.4%), 25-64 (56.3%), GREATER THAN 65 YEARS (11%) GENDER FEMALE (50.5%), MALE (49.5%) SOCIOECONOMIC STATUS POVERTY THRESHOLDS ARE USED FOR CALCULATING ALL OFFICIAL POVERTY POPULATION STATISTICS. THE CENSUS BUREAU ANNUALLY UPDATES OFFICIAL POVERTY POPULATION STATISTICS. FOR 2019, THE FEDERAL POVERTY LEVEL (FPL) WAS AN ANNUAL INCOME OF \$12,490 FOR ONE PERSON AND \$25,750 FOR A FAMILY OF FOUR. FAMILIES LIVING BELOW THE POVERTY LINE IN CEDARS-SINAI SERVICE AREA (22.0%); LOS ANGELES COUNTY (14.9%) HOUSEHOLDS IN THE CEDARS-SINAI COMMUNITY BENEFIT SERVICE AREA THERE ARE 658,321 HOUSEHOLDS AND 721,407 HOUSING UNITS. OVER THE LAST FIVE YEARS, THE POPULATION GREW BY 1.4% AND HOUSEHOLDS GREW BY 1.9%. 72.5% OF HOUSEHOLDS IN THE COMMUNITY BENEFIT SERVICE AREA WERE RENTER-OCCUPIED. HOUSEHOLD INCOME THE MEDIAN HOUSEHOLD INCOME IN THE COMMUNITY BENEFIT SERVICE AREA IS \$49,559 AND THE AVERAGE HOUSEHOLD INCOME IS \$84,930. UNEMPLOYMENT IN 2020, THE UNEMPLOYMENT RATES OF CEDARS-SINAI COMMUNITY BENEFIT SERVICE AREA CITIES RANGED FROM 10.3% IN BEVERLY HILLS TO 17.7% IN LADERA HEIGHTS. LOS ANGELES COUNTY HAD AN UNEMPLOYMENT RATE OF 12.8%. EDUCATIONAL ATTAINMENT AMONG AREA ADULTS, AGES 25 AND OLDER, 26.2% LACK A HIGH SCHOOL DIPLOMA. 19.3% OF ADULTS ARE HIGH SCHOOL GRADUATES AND 37.5% OF AREA ADULTS ARE COLLEGE GRADUATES. HEALTH INSURANCE COVERAGE IN THE COMMUNITY BENEFIT SERVICE AREA, 86.3% OF THE POPULATION (ALL AGE GROUPS), 95.2% OF CHILDREN/YOUTH AGES 0 TO 18, AND 81.3% OF ADULTS AGES 19 TO 64 HAVE HEALTH INSURANCE COVERAGE.</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 \$496,000,000 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 OR 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 MEDI-CAL. UNREIMBURSED COSTS OF SPECIALTY GOVERNMENT PROGRAMS - ALSO PROVIDES COMMUNITY BENEFIT UNDER SUCH PROGRAMS AS THE VETERANS ADMINISTRATION, LOS ANGELES POLICE DEPARTMENT, SHORT DOYLE, PROPOSITION 99, AND OTHER PROGRAMS TO BENEFIT THE 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 \$186,080,213 FOR THE YEAR ENDED JUNE 30, 2022 OF UNPAID COSTS OF SERVICES PROVIDED TO PATIENTS IN THE MEDICARE PROGRAM THAT ARE ALSO ELIGIBLE FOR THE MEDI-CAL 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 PROFESSIONS EDUCATION, COMMUNITY HEALTH IMPROVEMENT, COMMUNITY BENEFIT OPERATIONS, AND CASH DONATIONS. THESE COSTS ARE INCLUDED IN THE IRS FORM 990 SCHEDULE H PART I LINES 7E, F, AND I. BELOW ARE SOME EXAMPLES OF COSTS INCLUDED IN THIS CATEGORY OF THE COMMUNITY BENEFIT CONTRIBUTION: HEALTH PROFESSIONS 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 NEARLY 100 PHYSICIAN SPECIALTY AND SUBSPECIALTY AREAS; AND OTHER HEALTH PROFESSIONS 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 </p>

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>D HYPERTENSION, AS WELL IMMUNIZATION PROGRAMS, LECTURES AND WORKSHOPS. ALSO OFFERED ARE DI SEASE-SPECIFIC SUPPORT GROUPS, PATIENT EDUCATION PROGRAMS AND PROGRAM AFFILIATES.* CEDARS- SINAI PLANS AND IMPLEMENTS LONG-TERM COMPREHENSIVE STRATEGIES TO MEET THE HEALTH NEEDS OF UNDERSERVED COMMUNITIES. SIGNATURE COMMUNITY BENEFIT PROGRAMS SEEK TO IMPROVE HEALTH IN CO MMUNITIES BY BUILDING STRONG PARTNERSHIPS, BUILDING COMMUNITY CAPACITIES AND PROVIDING DIR ECT EDUCATION.RESEARCH PROGRAMS - CEDARS-SINAI'S CURRENTLY HAS OVER 2,300 ACTIVE RESEARCH PROJECTS AND HAS MADE SIGNIFICANT CONTRIBUTIONS TO THE DEVELOPMENT OF NEW MEDICAL TREATMEN TS, 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 \$148 MILLION IN RESEARCH FUNDING THIS YEAR. THESE COSTS ARE INCLUDED I N 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:	<p>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. CEDARS-SINAI HEALTH SYSTEM INCLUDES THE 619-BED PASADENA HEALTH ASSOCIATION (DBA HUNTINGTON HOSPITAL) AND A MEDICAL RESEARCH AND HEALTH EDUCATION GROUP. IT ALSO HAS SEVERAL OUTPATIENT CENTERS LOCATED THROUGHOUT THE SAN GABRIEL VALLEY 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.</p>

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			

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 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, 2022 THROUGH JUNE 30, 2025 WAS APPROVED BY ITS GOVERNING BODY IN MAY 2022.

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 5: IN CONDUCTING CEDARS-SINAI'S MOST RECENT CHNA, TARGETED INTERVIEWS WERE USED TO GATHER INFORMATION AND OPINIONS FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH. INTERVIEWS WERE COMPLETED DURING OCTOBER AND NOVEMBER 2021. THE PERSONS THE HOSPITAL FACILITY CONSULTED WERE: FIELD DEPUTY, COUNCILMEMBER MIKE BONIN, 11TH DISTRICT, CITY OF LOS ANGELES CHIEF MEDICAL OFFICER, SABAN COMMUNITY CLINIC EXECUTIVE DIRECTOR, PROJECT ANGEL FOOD DIRECTOR, UCLA/VA VETERAN FAMILY WELLNESS CENTER EXECUTIVE DIRECTOR, COMMUNITY CORPORATION OF SANTA MONICA PRESIDENT AND CHIEF EXECUTIVE OFFICER, WISE & HEAL THY AGING CO-DIRECTOR, HEALTH SERVICES, THE LOS ANGELES LGBT CENTER HEALTH SERVICES DEPUTY, OFFICE OF SUPERVISOR SHEILA KUEHL (LA COUNTY DISTRICT 3) CHIEF EXECUTIVE OFFICER, THE MAR VISTA FAMILY CENTER PRESIDENT AND CHIEF EXECUTIVE OFFICER, PLANNED PARENTHOOD LOS ANGELES PROGRAM DIRECTOR, TEEN LINES SOCIAL SERVICES MANAGER, CITY OF WEST HOLLYWOOD SPECIAL ASSISTANT TO THE PRESIDENT FOR COMMUNITY AFFAIRS, CHARLES R. DREW UNIVERSITY OF MEDICINE AND SCIENCE CHIEF EXECUTIVE OFFICER, ASIAN AMERICANS ADVANCING JUSTICE - LOS ANGELES PRESIDENT AND CHIEF EXECUTIVE OFFICER, ST. JOSEPH CENTER AREA HEALTH OFFICER, SPA 5, LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH DIRECTOR, SAFETY NET PROGRAMS AND PARTNERSHIPS, L.A. CARE HEALTH PLAN VICE PRESIDENT, IMPACT & STRATEGY, UNITED WAY OF GREATER LOS ANGELES PRESIDENT AND CHIEF EXECUTIVE OFFICER, THE LOS ANGELES URBAN LEAGUE PRESIDENT AND CHIEF EXECUTIVE OFFICER, TWIN TOWN TREATMENT CENTERS CHIEF EXECUTIVE OFFICER, THE PEOPLE CONCERN MEDICAL DIRECTOR, LOS ANGELES UNIFIED SCHOOL DISTRICT REGIONAL HEALTH OFFICER, SPA 4 (METROPOLITAN LA), LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH CHIEF OPERATING OFFICER, DIDI HIRSCH MENTAL HEALTH SERVICES CO-DIRECTOR, HEALTH SERVICES, THE LOS ANGELES LGBT CENTERS SUSTAINABILITY PROGRAM DIRECTOR, COUNTY OF LOS ANGELES CHIEF SUSTAINABILITY OFFICER REGIONAL DIRECTOR, CATHOLIC CHARITIES OF LOS ANGELES, INC. HEALTHCARE INTEGRATION COORDINATOR, LOS ANGELES HOMELESS SERVICES AUTHORITY SENIOR VICE PRESIDENT, POPULATION HEALTH, MLK COMMUNITY HEALTHCARE EXECUTIVE DIRECTOR, NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) - WESTSIDE LOS ANGELES BIRTH EQUITY & RACIAL JUSTICE MANAGER AND LEAD, CHERISHED FUTURES FOR BLACK MOMS & BABIES, PUBLIC HEALTH ALLIANCE OF SOUTHERN CALIFORNIA PRESIDENT AND CHIEF EXECUTIVE OFFICER, CHILDREN'S INSTITUTE CHIEF OPERATING OFFICER, COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY PRESIDENT AND CHIEF OPERATING OFFICER, UNIHALTH FOUNDATION CHIEF EXECUTIVE OFFICER, JEWISH FAMILY SERVICE LAS ENLOR PROGRAM OFFICER, HEALTH, CALIFORNIA COMMUNITY FOUNDATIONS SENIOR DEPUTY OF HEALTH AND WELLNESS, OFFICE OF SUPERVISOR HOLLY J. MITCHELL, DISTRICT 2 SERVICE AREA CHIEF, LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH DEPUTY DIRECTOR/CHIEF OPERATIONS OFFICER, VENICE FAMILY CLINIC THE POPULATIONS REPRESENTED</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	TED BY THE INDIVIDUALS THAT PROVIDED INPUT INCLUDED: THE MEDICALLY UNDERINSURED OR UNINSURED, BLACK, INDIGENOUS OR PEOPLE OF COLOR, CHILDREN AND YOUTH, INDIVIDUALS AND FAMILIES WHO ARE LOW-INCOME OR LIVING IN POVERTY, THE HOUSING INSECURE, PERSONS EXPERIENCING HOMELESSNESS, THE FOOD INSECURE, PERSONS WITH CHRONIC DISEASES, PERSONS WHO LACK TRANSPORTATION, VETERANS, LGBTIAQ+, PERSONS WITH SUBSTANCE USE DISORDERS, RESIDENTS EXPERIENCING MENTAL HEALTH CONCERNS, PERSONS WHO ARE LINGUISTICALLY ISOLATED, SENIORS, AND PERSONS WITH DISABILITIES.

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, PROVIDENCE SAINT 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: IN FY22, CEDARS-SINAI MEDICAL CENTER CONDUCTED THE MOST RECENT CHNA. THE HOSPITAL WILL ADDRESS THE HEALTH FOCUS AREAS PRIORITIZED FROM THE IDENTIFIED HEALTH NEEDS IN THE 2023-2025 CHNA. CEDARS-SINAI HAS COMMITTED TO ADDRESS: 1) ACCESS TO CARE, 2) CHRONIC DISEASES, AND 3) HOMELESSNESS. 1) ACCESS TO CARE AND COMMUNITY SERVICES THAT INCLUDE PRIMARY CARE AND MENTAL HEALTH: * CEDARS-SINAI COACH FOR KIDS: COACH FOR KIDS IS A MOBILE MEDICAL UNIT DEDICATED TO MEETING THE IMMEDIATE MEDICAL, BEHAVIORAL HEALTH, AND COMMUNITY NEEDS OF THE SOUTH LOS ANGELES UNDERSERVED PEDIATRIC PATIENT POPULATION, WHILE EFFECTIVELY TRANSITIONING PATIENTS TO THE CARE OF A PARTNER FEDERALLY QUALIFIED HEALTH CENTER AND OTHER COMMUNITY RESOURCES, WHICH CAN PROVIDE CARE FOR THEIR ENTIRE FAMILY. THE STATE-OF-THE-ART MOBILE CLINIC, STAFFED BY AN EXPERT TEAM OF BILINGUAL ENGLISH/SPANISH NURSE PRACTITIONERS, REGISTERED NURSES, SOCIAL WORKERS, AND OTHER HEALTH CARE PROFESSIONALS, PROVIDES PREVENTIVE SERVICES, INCLUDING WELL-CHILD AND IMMUNIZATION CLINICS FOR CHILDREN, DIAGNOSIS, AND TREATMENT OF MINOR ILLNESSES FOR CHILDREN. * TRAINING AND DIRECT MEDICAL CARE: FQHCs: CEDARS-SINAI PHYSICIANS PROVIDE PARTNERSHIPS IN PROVIDING ACCESS TO PRIMARY CARE IN FEDERALLY QUALIFIED HEALTH CENTERS LOCATED IN LOS ANGELES TO TRAIN MEDICAL RESIDENTS. THESE PARTNERSHIPS GIVE PHYSICIANS IN-TRAINING EXPOSURE TO CULTURAL AND PSYCHOSOCIAL ASPECTS OF PATIENT CARE AND EXPERIENCE TREATING A WIDE RANGE OF MEDICAL CONDITIONS. * CEDARS-SINAI'S AMBULATORY CARE CLINIC (ACC): CEDARS-SINAI'S ACC PROVIDES PRIMARY AND SPECIALTY CARE SERVICES TO UNINSURED RESIDENTS WHO LIVE WITHIN A FIVE-MILE RADIUS OF THE MEDICAL CENTER. THE CLINIC SERVICES INCLUDE SCREENING, PREVENTIVE HEALTH MEASURES, MANAGEMENT OF DIABETES AND CARDIOVASCULAR DISEASE, AS WELL AS OTHER SPECIALTY SERVICES AVAILABLE WITHIN THE CLINIC. THIS INCLUDES SPECIAL PILOT PROGRAMS TO EXPAND SERVICES UNAVAILABLE TO PARTNER FQHCs SUCH AS SABAN COMMUNITY CLINIC. MEDICAL RESIDENTS AND FELLOWS ARE SUPERVISED BY ATTENDING PHYSICIANS WHO ARE MEMBERS OF CSMC MEDICAL STAFF. * CEDARS-SINAI CASE MANAGEMENT AND SOCIAL WORK: CEDARS-SINAI PROVIDES VULNERABLE RESIDENTS WITH ACCESS TO PRIMARY CARE AND OUTPATIENT CARE, INCLUDING MEAL TICKETS, TAXI VOUCHERS, BUS TOKENS AND RECOVERATIVE CARE OR POST-HOSPITAL SKILLED NURSING CARE. * FINANCIAL ASSISTANCE: CEDARS-SINAI PROVIDES FINANCIAL ASSISTANCE THROUGH BOTH FREE AND DISCOUNTED CARE FOR HEALTH CARE SERVICES, CONSISTENT WITH THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY. * GRANTMAKING: CIVIC ENGAGEMENT: CEDARS-SINAI'S CIVIC ENGAGEMENT GRANTS ADDRESS UNMET NEEDS THAT IMPACT HEALTH AND WELL-BEING THROUGH STRATEGIC COORDINATION WITH LOCAL COMMUNITY ORGANIZATIONS. FUNDING PRIORITIZES ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY. * GRANTMAKING: CEDARS-SINAI'S COMMUNITY CLINIC INITIATIVE: CEDARS-SINAI RECOGNIZES THE CRITICAL ROLE OF PARTNERSHIPS IN PROMOTING ACCESS TO HIGH-QUALITY CARE FOR UNDERSERVED P</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>POPULATIONS. CSMC IS BUILDING MULTI-DIMENSIONAL PARTNERSHIPS THAT INCLUDE SIGNIFICANT INVESTMENTS TO STRENGTHEN THE SAFETY CLINIC NETWORK ACROSS LOS ANGELES, AS WELL AS INDIVIDUAL CAPACITY-BUILDING GRANTS TO CLINICS. CEDARS-SINAI FUNDS YEAR-LONG CAPACITY-BUILDING PROGRAMS THAT FOCUS ON QUALITY, LEADERSHIP, AND FINANCIAL SUSTAINABILITY AND REACH THE MAJORITY OF CLINICS IN CEDARS-SINAI'S COMMUNITY BENEFIT SERVICE AREA. GRANTS SUPPORT LA COUNTY COMMUNITY CLINICS TO BUILD GREATER CAPACITY TO ADDRESS FOOD INSECURITY AND TRANSPORTATION ISSUES FOR THOSE WHO NEED THE SUPPORT.* SHARE & CARE: PROGRAMS AND TRAININGS FOR CHILDREN, TEACHERS, PARENTS AND SCHOOL PRINCIPALS, FACILITATED BY LICENSED MENTAL HEALTH PRACTITIONERS, THAT ENHANCE AN AT-RISK CHILD'S ABILITY TO LEARN IN THE CLASSROOM, CHANGE DESTRUCTIVE BEHAVIORS AND ENVISION A BRIGHTER FUTURE. SHARE & CARE COUNSELORS FACILITATE A 12-WEEK GROUP ART-THERAPY PROGRAM THAT PROVIDES A THERAPEUTIC ENVIRONMENT TO IMPROVE STUDENTS' ABILITY TO COPE WITH TRAUMA, LOSS AND GRIEF, SELF-ESTEEM, BULLYING, SOCIALIZATION, ANGER MANAGEMENT, DIVORCE, SHYNESS, INCARCERATED PARENT AND SUBSTANCE ABUSE.* GRANTMAKING: COMMUNITY MENTAL HEALTH GRANTS/BEHAVIORAL HEALTH INITIATIVE: CEDARS-SINAI PROVIDES MENTAL HEALTH GRANTS TO INCREASE ACCESS TO MENTAL HEALTH SERVICES. GRANTMAKING ADDRESSES THE MENTAL HEALTH NEEDS OF VULNERABLE POPULATIONS - PARTICULARLY THE UNINSURED, UNDERINSURED AND THE UNINSURABLE. GRANTS SUPPORT THE PROVISION OF DIRECT SERVICES TO MARGINALIZED COMMUNITY MEMBERS FACING SIGNIFICANT ECONOMIC BARRIERS AS WELL AS COMORBIDITIES. THE BEHAVIORAL HEALTH INITIATIVE INCREASES ACCESS TO HIGH-QUALITY BEHAVIORAL HEALTH SERVICES THROUGH SUPPORT FOR CAPACITY-BUILDING PROGRAMS AND DIRECT SERVICE CONTINUITY GRANTS. THE BEHAVIORAL HEALTH INITIATIVE PROMOTES EFFECTIVE LINKAGES TO CARE AND FOCUSES ON INCREASING ACCESS TO NEEDED SERVICES, WITH AN EMPHASIS ON PRIMARY CARE INTEGRATION AND SUPPORTIVE PATIENT NAVIGATION.* PSYCHIATRIC PATIENT SUPPORT: FOR PATIENTS WHO NEED ADDITIONAL CARE OUTSIDE OF THE MEDICAL CENTER, CEDARS-SINAI PROVIDES ACCESS THROUGH ONGOING PARTNERSHIPS FOR PSYCHIATRIC AND BEHAVIORAL HEALTH SERVICES.* TEEN LINE: THIS PROGRAM OF DIDI HIRSCH MENTAL HEALTH SERVICES IS HOUSED ON CEDARS-SINAI'S PREMISES AND PROVIDES CRISIS INTERVENTION AND PREVENTION, PEER COUNSELING AND REFERRALS FOR ADOLESCENTS AGES 12 TO 19. THE TEEN-TO-TEEN PROGRAM HELPS YOUNG PEOPLE COPE IN TIMES OF TRAUMA AND STRESS BY OFFERING ADVICE AND REFERRALS. TEEN LINE'S OUTREACH SERVICES PROVIDE EDUCATION TO SCHOOLS AND ADOLESCENT-SERVING AGENCIES. THE TEEN LINE HOTLINE, ANSWERED BY INTENSIVELY TRAINED HIGH SCHOOL STUDENTS, IS OPEN DAILY AND RECEIVES CALLS FROM TEENS ACROSS THE NATION.2) CHRONIC DISEASE (CANCER, CARDIOVASCULAR DISEASE, DIABETES, OVERWEIGHT AND OBESITY) AND PREVENTION (VACCINES):* SUPPORT GROUPS: CEDARS-SINAI PROVIDES COMPREHENSIVE SUPPORT GROUPS THAT FOCUS ON ASSISTING PERSONS WITH CANCER AND THEIR FAMILY AND CAREGIVERS. SUPPORT GROUPS INC</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>LUDE:** CANCER EXERCISE PROGRAM, WHICH SUPPORTS PEOPLE WHO HAVE CANCER-RELATED FATIGUE** C ANCER-SPECIFIC SUPPORT GROUPS, E.G. KIDNEY CANCER, SARCOMA, NEUROENDOCRINE TUMOR** CANCER SURVIVORSHIP SERVICES, PROVIDING REHABILITATION MEDICINE TO CANCER PATIENTS, INCLUDING SOC IAL SERVICES, EXERCISE RECOVERY, NUTRITION SERVICES, GRANT STUDIES, AND REFERRAL SERVICES TO ASSIST WITH HEALING AND REHABILITATION AND IMPROVE QUALITY OF LIFE AFTER CANCER TREATME NT** QIGONG, STRESS REDUCTION WRITING, RESTORATIVE AND STRENGTHENING YOGA CLASSES DESIGNED FOR CANCER SURVIVORS AND OPEN TO COMMUNITY MEMBERS.* CANCER RESEARCH CENTER FOR HEALTH EQ UITY/COMMUNITY OUTREACH AND ENGAGEMENT (CRCHE): THE CRCHE AIMS TO INCREASE CANCER AWARENES S, SCREENING AND CAPACITY OF COMMUNITIES TO ADDRESS DISPARITIES. THE PROGRAM POPULATION FO CUS IS ON UNDERSERVED COMMUNITIES, IN PARTICULAR: HISPANICS, ASIANS (FILIPINOS AND KOREANS), AFRICAN-AMERICANS, IMMIGRANTS, AND LGBTQ+. PROGRAMS INCLUDE: 7 STEPS TO REDUCE CANCER R ISK, A COMPREHENSIVE EDUCATION PROGRAM GEARED TOWARD LOW-LITERACY POPULATIONS; TRAINING PR OGRAMS FOR COMMUNITY HEALTH WORKERS INCLUDING TOOLS AND RESOURCES TO LINK INDIVIDUALS TO F REE AND LOW-COST CANCER SCREENINGS; AS WELL AS CAPACITY BUILDING, TRAINING AND PILOT FUNDI NG FOR COMMUNITY ORGANIZATIONS THAT SERVE COMMUNITIES AT THE HIGHEST RISK FOR CANCER AND D ELAYED DIAGNOSIS. * COMMUNITY HEALTH IMPROVEMENT: SCREENINGS, HEALTH FAIRS AND EDUCATION: CEDARS-SINAI PROVIDES FREE PUBLIC SCREENING EXAMS, INCLUDING POINT-OF-CARE TESTING FOR DIA BETES AND CARDIOVASCULAR DISEASE AT DIVERSE COMMUNITY VENUES. EXAMPLES INCLUDE:** PARTNER WITH THE AREA CITIES TO PROVIDE BLOOD GLUCOSE, CHOLESTEROL AND BLOOD PRESSURE SCREENINGS I N PARTNERSHIP WITH COMMUNITY ORGANIZATIONS.** PARTNER WITH SENIOR CENTERS TO PROVIDE RISK ASSESSMENT, HEALTH SCREENING AND PREVENTIVE HEALTH EDUCATION. IN ADDITION, EVIDENCE-BASED AND EVIDENCE-INFORMED PROGRAMS ARE DESIGNED TO ALLOW OLDER ADULTS TO MAINTAIN INDEPENDENT LIVING AND MANAGE DIABETES AND CARDIOVASCULAR DISEASE.** PARTNER WITH FAITH-BASED ORGANIZA TIONS, SUCH AS CHURCHES AND SYNAGOGUES, TO PROVIDE SCREENING AND REFERRAL PROGRAMS FOR CHO LESTEROL, DIABETES, HYPERTENSION AND STROKE PREVENTION AND CONTROL.** PARTNER WITH DISEASE -SPECIFIC ORGANIZATIONS TO PROVIDE RISK ASSESSMENT, HEALTH SCREENING AND PREVENTIVE HEALTH EDUCATION.** PROVIDE COMMUNITY HEALTH PROGRAMS AND SCREENINGS IN COLLABORATION WITH NURSI NG, MEDICAL STAFF AND VARIOUS MEMBERS OF THE CLINICAL CARE TEAM.CEDARS-SINAI CONTINUES TO IMPLEMENT FREE COMMUNITY LECTURES AT COMMUNITY SITES TO PROVIDE HEALTH INFORMATION TO VULN ERABLE OLDER ADULTS. HEALTH EDUCATION LECTURES ARE PROVIDED BY CEDARS-SINAI NURSES, PHYSIC IANS AND OTHER HEALTH PROFESSIONALS AND COVER A WIDE RANGE OF TOPICS IDENTIFIED BY THE COM MUNITY.</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 11: (CONTINUED)* HEALTHY HABITS: THE HEALTHY HABITS PROGRAMS PROVIDE EDUCATION AND TECHNICAL ASSISTANCE TO SUPPORT HEALTHY EATING AND PHYSICAL ACTIVITY AMONG SCHOOL-AGED CHILDREN AND THEIR FAMILIES IN MID-CITY LOS ANGELES. WORKING WITH UNDERSERVED COMMUNITIES, CEDARS-SINAI HEALTH EDUCATORS PROVIDE CHILDREN AND THEIR FAMILIES WITH THE KNOWLEDGE AND SKILLS NEEDED TO ADOPT HEALTHY LIFESTYLES. HEALTHY HABITS INCLUDES: HEALTHY HABITS FOR KIDS, HEALTHY HABITS FOR FAMILIES, EXERCISE IN THE PARK, COMMUNITY HEALTH DISPLAYS AND WORKSHOPS, GROCERY STORE TOUR PROGRAMS, TEACHER TRAININGS, CONNECTIONS TO CALFRESH RESOURCES, AND ONGOING CAPACITY BUILDING AND TECHNICAL ASSISTANCE TO COMMUNITY PARTNERS THROUGHOUT MID-CITY LOS ANGELES.* COMMUNITY HEALTH IMPROVEMENT - FLU, PNEUMOCOCCAL AND COVID-19 VACCINES: COMMUNITY HEALTH IMPROVEMENT (CHI) PROVIDES FREE IMMUNIZATION PROGRAMS FOR CHILDREN, FAMILIES AND OLDER ADULTS. INFLUENZA, PNEUMOCOCCAL AND COVID-19 VACCINES ARE OFFERED FREE TO THE PUBLIC3) HOMELESSNESS:* RECUPERATIVE CARE: CEDARS-SINAI SUPPORTS PATIENTS WHO REQUIRE ADDITIONAL ASSISTANCE POST-DISCHARGE, BUT ARE EXPERIENCING HOMELESSNESS AND LACK A PLACE TO RECOVER. CEDARS-SINAI DISCHARGES THESE PATIENTS TO FACILITIES DESIGNED TO HELP CARE FOR PATIENTS AND TO CONNECT THEM INTO PROGRAMS, INCLUDING THE COORDINATED ENTRY SYSTEM (CES), SO THEY CAN RECEIVE GOVERNMENT BENEFITS AND BE SCREENED AND RATED TO BECOME ELIGIBLE FOR LONGER-TERM HOUSING SOLUTIONS.* GRANTMAKING: HOMELESSNESS AND HOUSING: THE INITIATIVE IDENTIFIES AND SUPPORTS LOCAL COMMUNITY-BASED ORGANIZATIONS SERVING PEOPLE EXPERIENCING HOMELESSNESS AND INVEST IN BUILDING THEIR CAPACITY TO BETTER SUPPORT AND ADDRESS THE SYSTEMIC CAUSES OF HOMELESSNESS. CEDARS-SINAI'S GRANTMAKING IN HOMELESSNESS AND HOUSING COMPLEMENTS THE WORK OF THE MEDICAL CENTER'S COMMUNITY CONNECT PROGRAM, WHICH SUPPORTS INDIVIDUAL AND COMMUNITY HEALTH THROUGH ASSESSMENT AND INTERVENTIONS THAT HELP VULNERABLE PATIENTS GET CONNECTED TO THE RESOURCES THEY NEED.* PATIENT NAVIGATION: CEDARS-SINAI CONTINUES TO PROVIDE FOCUSED PATIENT NAVIGATION FOR PATIENTS EXPERIENCING HOMELESSNESS WHO ENTER OUR MEDICAL CENTER THROUGH THE EMERGENCY DEPARTMENT. TWO FULL TIME COMMUNITY RESOURCE COORDINATORS WITH EXPERTISE IN HOMELESSNESS-RELATED RESOURCES WORK TO SUPPORT OUR NEIGHBORS IN THE MOST VULNERABLE CIRCUMSTANCES. ADDITIONALLY, ALL PATIENTS EXPERIENCING HOMELESSNESS WILL CONTINUE TO BE GUIDED TOWARD SHELTER, FOOD AND CLOTHING THROUGH OUR SOCIAL WORK AND CASE MANAGEMENT SERVICES. TO SUPPORT PATIENTS, CEDARS-SINAI WILL PILOT A DIRECT REFERRAL PROGRAM TO EMERGENCY SHELTER FOR ESPECIALLY NEEDY PATIENTS.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 RE</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>ALITY 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, ENVIRONMENTAL CONDITIONS, FOOD INSECURITY, SEXUALLY TRANSMITTED INFECTIONS, SUBSTANCE USE AND TRANSPORTATION. ADDITIONALLY, THE HOSPITAL DOES NOT INTEND TO DIRECTLY EMPHASIZE COVID-19 INTERVENTIONS IN THE IMPLEMENTATION STRATEGY, BUT WILL CONTINUE TO DELIVER ACUTE MEDICAL CARE TO ADDRESS COVID-19. CSMC WILL CONTINUE TO LOOK FOR OPPORTUNITIES TO ADDRESS COMMUNITY NEEDS WHERE WE CAN MAKE A MEANINGFUL CONTRIBUTION.</p> <p>CEDARS-SINAI MEDICAL CENTER PART V, LINE 16A, FAP WEB SITE: HTTPS://WWW.CEDARS-SINAI.ORG/CONTENT/DAM/CEDARS-SINAI/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/DOCUMENTS/FAPS/FAP-APPLICATION-ENGLISH-12-1-2021.PDF</p> <p>CEDARS-SINAI MEDICAL CENTER PART 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</p> <p>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-3-15-2022.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 ASC VENTURE 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 6500 WILSHIRE BLVD 15TH FLOOR LOS ANGELES, CA 90048	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
6500 WILSHIRE BLVD 9TH FLOOR
LOS ANGELES, CA 90048

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

2021

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 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 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 180
3 Enter total number of other organizations listed in the line 1 table 7

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 VENICE, CA 90291	95-4448606	501(C)(3)	70,000	0			GENERAL SUPPORT
AFFORDABLE LIVING FOR THE AGING 937 N FAIRFAX AVE WEST HOLLYWOOD, CA 90046	95-3301874	501(C)(3)	200,000	0			COMMUNITY INITIATIVE 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)	245,000	0			GENERAL SUPPORT; INCREASED ACCESSIBILITY AND CAPACITY GRANT
ALL PEOPLES COMMUNITY CENTER 822 E 20TH ST LOS ANGELES, CA 90011	95-2669400	501(C)(3)	20,000	0			COVID-19 RECOVERY 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
ALZHEIMER'S GREATER LOS ANGELES 4221 WILSHIRE BLVD NO 400 LOS ANGELES, CA 90010	95-3718119	501(C)(3)	10,000	0			GENERAL SUPPORT
AMANECER COMMUNITY COUNSELING SERVICE A NON-PROFIT CORPORATION 1200 WILSHIRE BLVD NO 400 LOS ANGELES, CA 90017	95-3076578	501(C)(3)	140,000	0			LEADERSHIP DEVELOPMENT AND EQUITABLE STAFFING 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
AMERICAN ACADEMY FOR NURSING 1000 VERMONT AVENUE NW NO 910 WASHINGTON, DC 20005	52-2213870	501(C)(3)	20,000	0			GENERAL SUPPORT
AMERICAN CANCER SOCIETY CANCER ACTION NETWORK INC 555 11TH STREET NW SUITE 300 WASHINGTON, DC 20004	52-2340031	501(C)(4)	10,000	0			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 CANCER SOCIETY INC 3380 CHASTAIN MEADOWS PKY NW NO 2 KENNESAW, GA 30144	13-1788491	501(C)(3)	48,880	0			GENERAL SUPPORT
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	35,000	0			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	0			GENERAL SUPPORT; DISASTER RELIEF GRANT
ANTELOPE VALLEY PARTNERS FOR HEALTH 44226 10TH STREET WEST LANCASTER, CA 93534	47-0957404	501(C)(3)	20,000	0			HPV VACCINE 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
APLA HEALTH & WELLNESS 611 S KINGSLEY DR LOS ANGELES, CA 90005	84-1661910	501(C)(3)	90,000	0			CIVIC ENGAGEMENT GRANT
ARNOLD GOLD FOUNDATION 619 E PALISADE AVENUE ENGLEWOOD CLIFFS, NJ 07632	22-3052098	501(C)(3)	15,000	0			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
ASIAN AMERICANS ADVANCING JUSTICE LOS ANGELES 1145 WILSHIRE BLVD LOS ANGELES, CA 90017	95-3854152	501(C)(3)	152,500	0			GENERAL SUPPORT; HEALTH EQUITY GRANT
BE THE MATCH FOUNDATION 500 N 5TH ST MINNEAPOLIS, MN 55401	41-1704734	501(C)(3)	10,000	0			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)	90,000	0			WORKFORCE DEVELOPMENT GRANT
BET TZEDEK 3250 WILSHIRE BLVD 13TH FLOOR LOS ANGELES, CA 90010	23-7304205	501(C)(3)	200,000	0			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 CHAMBER OF COMMERCE AND CIVIC ASSOCIATION 9400 S SANTA MONICA BLVD 2ND FLOOR BEVERLY HILLS, CA 90210	95-0548070	501(C)(6)	14,300	0			GENERAL SUPPORT
BEVERLY HILLS FIRE CHIEFS FUND 445 N REXFORD DR BEVERLY HILLS, CA 90210	26-4563945	501(C)(3)	20,000	0			CIVIC ENGAGEMENT 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
BEVERLY HILLS POLICE OFFICERS BENEVOLENT 9663 SANTA MONICA BLVD NO 786 BEVERLY HILLS, CA 90210	95-4584633	501(C)(3)	18,500	0			GENERAL SUPPORT
BIG SUNDAY 6111 MELROSE AVENUE LOS ANGELES, CA 90038	42-1765317	501(C)(3)	14,768	0			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
BLACK WOMEN FOR WELLNESS PO BOX 292516 LOS ANGELES, CA 90029	95-4624707	501(C)(3)	63,000	0			GENERAL SUPPORT
B'NAI B'RITH 1120 20TH ST NW SUITE 300 N WASHINGTON, DC 20036	53-0179971	501(C)(3)	15,000	0			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
BOYS & GIRLS CLUBS OF METRO LOS ANGELES 800 S FIGUEROA STREET NO 950 LOS ANGELES, CA 90017	81-0851473	501(C)(3)	20,000	0			GENERAL SUPPORT
BUDDHIST TZU CHI FOUNDATION 1100 S VALLEY CENTER AVE SAN DIMAS, CA 91773	94-2952782	501(C)(3)	20,000	0			FOOD PROGRAM 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 STATE UNIVERSITY LOS ANGELES AUXILIARY SERVICES INC 5151 STATE UNIVERSITY DR NO GE 3 LOS ANGELES, CA 90032	95-4016653	501(C)(3)	15,000	0			GENERAL SUPPORT
CALIFORNIA BLACK WOMEN'S HEALTH PROJECT 9800 S LA CIENEGA BLVD 905 INGLEWOOD, CA 90301	95-4702923	501(C)(3)	100,000	0			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
CALIFORNIA COMMUNITY FOUNDATION 221 S FIGUEROA ST SUITE 400 LOS ANGELES, CA 90012	95-3510055	501(C)(3)	8,850,000	0			GENERAL SUPPORT; WORKFORCE DEVELOPMENT GRANT; HOMELESSNESS GRANT
CALIFORNIA HEALTH COLLABORATIVE PO BOX 25609 FRESNO, CA 93729	94-2862660	501(C)(3)	30,000	0			EVERY WOMAN COUNTS 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
CAROL KIMMELMAN ATHLETIC AND ACADEMIC CAMPUS INC 40 BEECHWOOD ROAD SUMMIT, NJ 07901	83-4368221	501(C)(3)	1,250,000	0			YOUTH CENTER DEVELOPMENT GRANT
ECONOMIC DEVELOPMENT CORPORATION OF LOS ANGELES COUNTY 444 SOUTH FLOWER STREET 37TH FLOOR LOS ANGELES, CA 90071	95-3643339	501(C)(3)	15,000	0			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
CENTRAL CITY NEIGHBORHOOD PARTNERS 501 S BIXEL STREET LOS ANGELES, CA 90017	95-4837709	501(C)(3)	20,000	0			HEALTH AND WELLNESS GRANT
CHABAD OF S LA CIENEGA 1627 S LA CIENEGA BLVD LOS ANGELES, CA 90035	26-0335040	501(C)(3)	6,000	0			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
CHAI LIFELINE INC 151 WEST 30TH STREET NO 7TH FL NEW YORK, NY 10001	11-2940331	501(C)(3)	10,000	0			GENERAL SUPPORT
CHARLES R DREW UNIVERSITY 1731 EAST 120TH STREET NO 13 LOS ANGELES, CA 90059	95-6151774	501(C)(3)	550,000	0			HEALTH AND COMMUNITY 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
CHILDREN'S INSTITUTE INC 2121 W TEMPLE STREET LOS ANGELES, CA 90026	95-1641424	501(C)(3)	190,000	0			GENERAL SUPPORT
CHRISTOPHER STREET WEST ASSOCIATION INC 8687 MELROSE AVENUE WEST HOLLYWOOD, CA 90069	95-3736454	501(C)(3)	50,000	0			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
CLAREMATRIX 2644 30TH STREET NO 100 SANTA MONICA, CA 90405	23-7076166	501(C)(3)	180,000	0			COMMUNITY INITIATIVE GRANT
CLINICA MSR OSCAR A ROMERO 2032 MARENGO STREET LOS ANGELES, CA 90033	95-3881333	501(C)(3)	230,000	0			GENERAL SUPPORT; HEALTH SCREENING 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 RESPONSIBLE COMMUNITY DEVELOPMENT 3101 SOUTH GRAND AVENUE LOS ANGELES, CA 90007	20-2445113	501(C)(3)	200,000	0			GENERAL SUPPORT
COMMUNITIES LIFTING COMMUNITIES 515 S FIGUEROA ST NO 1300 LOS ANGELES, CA 90071	85-3745993	501(C)(3)	150,000	0			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
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY 445 S FIGUEROA ST NO 2100 LOS ANGELES, CA 90071	95-4576023	501(C)(3)	95,100	0			GENERAL SUPPORT; CIVIC ENGAGEMENT GRANT
COMMUNITY HEALTH COUNCILS INC 3731 STOCKER STREET LOS ANGELES, CA 90008	95-4487664	501(C)(3)	75,000	0			CIVIC ENGAGEMENT 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
COMMUNITY PARTNERS 1000 NORTH ALAMEDA STREET NO 240 LOS ANGELES, CA 90012	95-4302067	501(C)(3)	350,000	0			GENERAL SUPPORT; CIVIC ENGAGEMENT GRANT
CONCERN FOUNDATION 11111 OLYMPIC BLVD SUITE 214 LOS ANGELES, CA 90064	23-7002878	501(C)(3)	12,000	0			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
CORO SOUTHERN CALIFORNIA INC 1000 NORTH ALAMEDA STREET NO 240 LOS ANGELES, CA 90012	95-4274561	501(C)(3)	355,000	0			GENERAL SUPPORT; HOUSING AND HOMELESSNESS GRANT
CORPORATION FOR SUPPORTIVE HOUSING 61 BROADWAY NO 2300 NEW YORK, NY 10006	13-3600232	501(C)(3)	105,000	0			CIVIC ENGAGEMENT 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
CROHN'S & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	13-6193105	501(C)(3)	15,000	0			GENERAL SUPPORT
CULVER CITY CHAMBER OF COMMERCE 6000 SEPULVEDA BLVD NO 1260 CULVER CITY, CA 90230	95-0662765	501(C)(6)	8,000	0			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
CULVER CITY FIREFIGHTERS FOUNDATION 9600 CULVER BLVD CULVER CITY, CA 90232	81-4630130	501(C)(3)	15,000	0			COMMUNITY SAFETY GRANT
CULVER PALMS FAMILY YMCA 625 S NEW HAMPSHIRE AVE LOS ANGELES, CA 90005	95-1644052	501(C)(3)	40,000	0			COMMUNITY 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
DAVID W SMITH FUND 100 ACACIA WAY CORONADO, CA 92118	47-5584806	501(C)(3)	15,000	0			GENERAL SUPPORT
DIDI HIRSCH PSYCHIATRIC SERVICE 4760 S SEPULVEDA BLVD CULVER CITY, CA 90230	95-1816023	501(C)(3)	85,000	0			CIVIC ENGAGEMENT 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
DIRECT RELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	40,000	0			GENERAL SUPPORT
DOWNTOWN WOMEN'S CENTER 442 S SAN PEDRO ST LOS ANGELES, CA 90013	31-1597223	501(C)(3)	225,000	0			CAPACITY BUILDING 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
EISNER HEALTH 1530 SOUTH OLIVE STREET LOS ANGELES, CA 90015	95-1690966	501(C)(3)	150,000	0			CAPACITY BUILDING GRANT
EL CENTRO DE AMISTAD INC 7038 OWENSMOUTH AVE CANOGA PARK, CA 91303	95-3498639	501(C)(3)	175,000	0			CAPACITY BUILDING 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
EL NIDO FAMILY CENTERS 440 SHATTO PLACE NO 417 LOS ANGELES, CA 90020	95-3186429	501(C)(3)	175,000	0			CAPACITY BUILDING GRANT
CAPITAL LINK INC 40 COURT STREET 10TH FLOOR BOSTON, MA 02108	52-1593251	501(C)(3)	195,000	0			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
FOOD FORWARD INC 7412 FULTON AVE NO 3 NORTH HOLLYWOD, CA 91605	90-0678872	501(C)(3)	75,000	0			FOOD INSECURITY GRANT
FOUNDATION FOR BIOMEDICAL RESEARCH 1100 VERMONT AVE NW NO 1100 WASHINGTON, DC 20005	04-2746997	501(C)(3)	10,000	0			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
FRIENDS OF THE LOS ANGELES RIVER 570 WEST AVENUE 26 LOS ANGELES, CA 90065	95-4171497	501(C)(3)	105,500	0			GENERAL SUPPORT; COMMUNITY HEALTH AND WELLNESS GRANT
FUNDERS TOGETHER TO END HOMELESSNESS 89 SOUTH STREET SUITE 603 BOSTON, MA 02111	27-3033048	501(C)(3)	15,000	0			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
GETTY HOUSE FOUNDATION 605 SOUTH IRVING BOULEVARD LOS ANGELES, CA 90005	95-4456499	501(C)(3)	10,000	0			GENERAL SUPPORT
GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVE NW NO 1100 WASHINGTON, DC 20036	13-3206571	501(C)(3)	17,000	0			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
GREATER LOS ANGELES AFRICAN (GLAAACC) 5120 GOLDFEAF CIRCLE SUITE 230 LOS ANGELES, CA 90056	95-4357302	501(C)(6)	10,000	0			GENERAL SUPPORT
HEALTHIMPACT PO BOX 70007 OAKLAND, CA 94612	82-0570413	501(C)(3)	70,000	0			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
HOLLYWOOD CHAMBER OF COMMERCE 6255 SUNSET BLVD STE 150 HOLLYWOOD, CA 90028	95-4557923	501(C)(3)	150,000	0			CAPACITY BUILDING GRANT
HOLLYWOOD FOOD COALITION PO BOX 480157 LOS ANGELES, CA 90048	46-4079214	501(C)(3)	100,000	0			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
HOMEBOY INDUSTRIES 130 W BRUNO STREET LOS ANGELES, CA 90012	95-4800735	501(C)(3)	81,000	0			MENTAL HEALTH GRANT
IMAGINE LOS ANGELES INC 672 S LAFAYETTE PARK PLACE NO 28 LOS ANGELES, CA 90057	20-4637089	501(C)(3)	80,000	0			CAPACITY BUILDING 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
IMPACT PHILANTHROPY GROUP 5017 CHESLEY AVE VIEW PARK, CA 90043	82-4614872	501(C)(3)	17,500	0			GENERAL SUPPORT
INCLUSIVE ACTION FOR THE CITY 2900 E CESAR E CHAVEZ AVE LOS ANGELES, CA 90033	27-0584116	501(C)(3)	150,000	0			CIVIC ENGAGEMENT 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
INFANT PARENT MENTAL HEALTH FOUNDATION 11400 W OLYMPIC BLVD NO 590 LOS ANGELES, CA 90064	26-2055149	501(C)(3)	55,000	0			CAPACITY BUILDING GRANT
INTERNATIONAL INSTITUTE OF LOS ANGELES 3845 SELIG PLACE LOS ANGELES, CA 90031	95-1641446	501(C)(3)	100,000	0			CIVIC ENGAGEMENT 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
JEWISH FAMILY SERVICE 330 N FAIRFAX AVE LOS ANGELES, CA 90036	95-1691013	501(C)(3)	37,500	0			GENERAL SUPPORT
JEWISH FEDERATION COUNCIL OF GREATER LA 6505 WILSHIRE BLVD LOS ANGELES, CA 90048	95-1643388	501(C)(3)	50,000	0			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
JEWISH FREE LOAN ASSOC (JFLA) 6505 WILSHIRE BOULEVARD NO 715 LOS ANGELES, CA 90048	95-1691014	501(C)(3)	207,500	0			GENERAL SUPPORT
JVS SOCAL 6505 WILSHIRE BOULEVARD SUITE 200 LOS ANGELES, CA 90048	95-1691012	501(C)(3)	170,000	0			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
JWCH INSTITUTE INC 5650 JILLSON STREET COMMERCE, CA 90040	95-2289916	501(C)(3)	200,000	0			WORKFORCE DEVELOPMENT AND TRAINING GRANT
KARSH FAMILY SOCIAL SERVICE CENTER INC 3750 WEST 6TH STREET LOS ANGELES, CA 90020	81-2974850	501(C)(3)	100,000	0			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
KHEIR CENTER 3727 W 6TH STREET NO 210 LOS ANGELES, CA 90020	95-4074660	501(C)(3)	90,000	0			GENERAL SUPPORT; SENIOR WELLNESS GRANT
KOREAN AMERICAN FAMILY SERVICES INC 3727 WEST 6TH STREET NO 320 LOS ANGELES, CA 90020	95-3899329	501(C)(3)	200,000	0			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
KORYO HEALTH FOUNDATION 1058 S VERMONT AVE LOS ANGELES, CA 90006	95-2897049	501(C)(3)	30,000	0			CANCER SCREENING GRANT
LA FAMILY HOUSING CORP 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605	95-3920560	501(C)(3)	700,000	0			HOUSING GRANT; WORKFORCE DEVELOPMENT AND TRAINING 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
LATINO RESOURCE ORGANIZATION 1645 CORINTH AVE LOS ANGELES, CA 90025	95-3655201	501(C)(3)	50,000	0			CRITICAL NEEDS ASSISTANCE GRANT
LAX COASTAL AREA CHAMBER OF COMMERCE 9100 S SEPULVEDA BLVD 210 WESTCHESTER, CA 90045	95-1806513	501(C)(6)	17,521	0			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
LOS ANGELES BUSINESS COUNCIL 2029 CENTURY PARK EAST SUITE 4380 LOS ANGELES, CA 90067	95-1366460	501(C)(6)	6,200	0			GENERAL SUPPORT
LOS ANGELES CHRISTIAN HEALTH CENTERS 453 S SPRING STREET SUITE 1201 LOS ANGELES, CA 90013	95-4315734	501(C)(3)	170,000	0			HEALTH EQUITY 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
LOS ANGELES COUNTY FIRE DEPT FOUNDATION 1320 N EASTERN AVE LOS ANGELES, CA 90063	47-5572995	501(C)(3)	50,000	0			GENERAL SUPPORT
LOS ANGELES FIRE DEPARTMENT FOUNDATION 1700 STADIUM WAY ROOM 100 LOS ANGELES, CA 90012	27-2007326	501(C)(3)	15,000	0			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
LOS ANGELES LGBT CENTER 1118 N MCCADDEN PLACE LOS ANGELES, CA 90038	95-3567895	501(C)(3)	170,000	0			GENERAL SUPPORT
LOS ANGELES POLICE FOUNDATION 633 WEST 5TH STREET NO 960 LOS ANGELES, CA 90071	95-4700442	501(C)(3)	20,000	0			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
LOS ANGELES URBAN LEAGUE 4401 CRENSHAW BLVD SUITE 201 LOS ANGELES, CA 90043	95-1691288	501(C)(3)	75,000	0			GENERAL SUPPORT
LOS ANGELES WATERKEEPER 120 BROADWAY NO 105 SANTA MONICA, CA 90401	95-4444787	501(C)(3)	30,000	0			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
MAPS CHARITIES 14320 VENTURA BLVD SHERMAN OAKS, CA 91423	27-0749461	501(C)(3)	63,000	0			CAPACITY BUILDING GRANT
MAR VISTA FAMILY CENTER 5075 SOUTH SLAUSON AVENUE CULVER CITY, CA 90230	95-2647443	501(C)(3)	80,000	0			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
MARCH OF DIMES 1550 CRYSTAL DRIVE SUITE 1300 ARLINGTON, VA 22202	13-1846366	501(C)(3)	42,000	0			COMMUNITY HEALTH AND WELLNESS GRANT
MARINA DEL REY SHERIFF'S SUPPORT UNIT 15821 VENTURA BLVD 500 ENCINO, CA 91436	51-0587035	501(C)(3)	10,000	0			COMMUNITY 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
MAYOR'S FUND FOR LOS ANGELES 200 N SPRING STREET NO 305B LOS ANGELES, CA 90012	47-1084641	501(C)(3)	100,000	0			WORKFORCE DEVELOPMENT GRANT
MEALS ON WHEELS WEST 1823 MICHIGAN AVENUE SUITE A SANTA MONICA, CA 90404	95-4613280	501(C)(3)	20,000	0			COMMUNITY 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
MEDICARE RIGHTS CENTER INC 266 WEST 37TH ST 3RD FLOOR NEW YORK, NY 10018	13-3505372	501(C)(3)	10,000	0			GENERAL SUPPORT
MENTAL HEALTH AMERICA OF LOS ANGELES 200 PINE AVENUE NO 400 LONG BEACH, CA 90802	95-1881491	501(C)(3)	100,000	0			MENTAL HEALTH 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
MERGING VETS AND PLAYERS 2029 CENTURY PARK EAST NO 1500 LOS ANGELES, CA 90067	81-2878851	501(C)(3)	37,500	0			MENTAL HEALTH GRANT
MF PLACE INC POST OFFICE BOX 3867 HOLLYWOOD, CA 90078	95-4834034	501(C)(3)	175,000	0			CAPACITY BUILDING 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
MLK JR COMMUNITY HEALTH FOUNDATION 1680 E 120TH STREET LOS ANGELES, CA 90059	45-4433505	501(C)(3)	275,000	0			GENERAL SUPPORT
NAMI LAC 3600 WILSHIRE BLVD STE 1804 LOS ANGELES, CA 90010	95-4049720	501(C)(3)	15,000	0			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
NATIONAL ACADEMY OF SCIENCES 2101 CONSTITUTION AVENUE NW WASHINGTON, DC 20418	53-0196932	501(C)(3)	25,000	0			GENERAL SUPPORT
NATIONAL BREAST CANCER COALITION FUND 1010 VERMONT AVENUE NW NO 900 WASHINGTON, DC 20005	52-1782065	501(C)(3)	8,500	0			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
NATIONAL CENTER FOR HEALTHCARE LEADERSHIP 17 N STATE STREET NO 1530 CHICAGO, IL 60602	36-4483505	501(C)(3)	45,000	0			GENERAL SUPPORT
NATIONAL COUNCIL OF JEWISH WOMEN 5350 WILSHIRE BLVD NO 36849 LOS ANGELES, CA 90036	95-1641433	501(C)(3)	200,000	0			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
NATIONAL HEALTH FOUNDATION 515 SOUTH FIGUEROA NO 1300 LOS ANGELES, CA 90071	23-7314808	501(C)(3)	200,000	0			HEALTH EQUITY GRANT
NATIONAL MINORITY SUPPLIER DEVT COUNCIL 1359 BROADWAY NO 1000 NEW YORK, NY 10018	23-7348220	501(C)(3)	9,000	0			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
NATIONAL VETERAN BUSINESS (NVBDC) 325 EAST CRESCENT LANE DETROIT, MI 48207	46-2033413	501(C)(3)	7,500	0			GENERAL SUPPORT
NESHAMA ASSOCIATION OF JEWISH CAPLAINS 4200 BISCAYNE BLVD MIAMI, FL 33137	06-1288389	501(C)(3)	5,400	0			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
NEW DIRECTIONS FOR VETERANS 11303 WILSHIRE BLVD BLDG 116 LOS ANGELES, CA 90073	95-4242745	501(C)(3)	75,000	0			HOMELESSNESS SUPPORT GRANT
NONPROFIT FINANCE FUND 5 HANOVER SQUARE 9TH FL NEW YORK, NY 10004	13-3238657	501(C)(3)	200,000	0			HEALTH EQUITY 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
NORTHEAST VALLEY HEALTH CORP 1172 NORTH MACLAY AVENUE SAN FERNANDO, CA 91340	23-7120632	501(C)(3)	175,000	0			CIVIC ENGAGEMENT GRANT
ONELEGACY FOUNDATION 221 SOUTH FIGUEROA STREET NO 500 LOS ANGELES, CA 90012	45-2936915	501(C)(3)	17,500	0			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
ONEGENERATION 17400 VICTORY BLVD VAN NUYS, CA 91406	95-4066979	501(C)(3)	53,000	0			CIVIC ENGAGEMENT GRANT
OPEN PATHS COUNSELING CENTER 400 CORPORATE POINTE STE 300 CULVER CITY, CA 90230	95-3221061	501(C)(3)	180,000	0			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
OUR HOUSE GRIEF SUPPORT CENTER 1663 SAWTELLE BLVD LOS ANGELES, CA 90025	33-0529915	501(C)(3)	60,000	0			GRIEF SUPPORT GRANT
PACOIMA BEAUTIFUL 13520 VAN NUYS BOULEVARD RM/STE 200 PACOIMA, CA 91331	95-4770745	501(C)(3)	15,000	0			FOOD INSECURITY 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
PANCREATIC CANCER ACTION NETWORK INC 1500 ROSECRANS AVENUE NO 200 MANHATTAN BEACH, CA 90266	33-0841281	501(C)(3)	10,000	0			GENERAL SUPPORT
PARA LOS NINOS 5000 HOLLYWOOD BLVD LOS ANGELES, CA 90027	95-3443276	501(C)(3)	200,000	0			COMMUNITY HEALTH 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
PARTNERS IN CARE FOUNDATION 732 MOTT ST NO 150 SAN FERNANDO, CA 91340	95-3954057	501(C)(3)	15,000	0			GENERAL SUPPORT
PEACE4KIDS PO BOX 5347 COMPTON, CA 90224	33-0920234	501(C)(3)	150,000	0			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
PEOPLE ASSISTING THE HOMELESS 340 NORTH MADISON AVENUE LOS ANGELES, CA 90004	95-3950196	501(C)(3)	75,000	0			GENERAL SUPPORT
PHASE ONE THE ROAD TO CURING CANCER 256 26TH ST NO 201 SANTA MONICA, CA 90402	91-2129319	501(C)(3)	10,000	0			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
PLANNED PARENTHOOD LOS ANGELES 400 WEST 30TH STREET LOS ANGELES, CA 90007	95-2408623	501(C)(3)	200,000	0			COMMUNITY HEALTH GRANT
PLUNUM HEALTH 1530 S OLIVE STREET LOS ANGELES, CA 90015	83-1653397	501(C)(3)	1,000,000	0			COMMUNITY HEALTH 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
PROJECT ANGEL FOOD 922 VINE ST LOS ANGELES, CA 90038	95-4115863	501(C)(3)	56,000	0			GENERAL SUPPORT; HEALTH AND WELLNESS GRANT
PROJECTQ PO BOX 26421 LOS ANGELES, CA 90026	81-3740319	501(C)(3)	44,200	0			COMMUNITY HEALTH 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
PUKUU CULTURAL COMMUNITY SERVICES 1019 SECOND ST ROOM 2 SAN FERNANDO, CA 91340	95-4657130	501(C)(3)	50,000	0			HEALTH AND WELLNESS GRANT
RACE TO ERASE MS 1875 CENTURY PARK EAST STE 980 LOS ANGELES, CA 90067	84-1238541	501(C)(3)	10,000	0			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
RAND CORPORATION 1776 MAIN STREET PO BOX 2138 SANTA MONICA, CA 90407	95-1958142	501(C)(3)	55,000	0			GENERAL SUPPORT
LAUSD EDUCATION FOUNDATION 333 SOUTH BEAUDRY AVENUE 29TH FLOOR LOS ANGELES, CA 90017	68-0503221	501(C)(3)	350,000	0			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
REGENTS OF THE UNIVERSITY OF CALIFORNIA 1855 FOLSOM STREET SUITE 425 SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	890,000	0			HEALTH EQUITY GRANT
SABAN COMMUNITY CLINIC 8405 BEVERLY BOULEVARD LOS ANGELES, CA 90048	95-2539105	501(C)(3)	400,000	0			CAPACITY BUILDING 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
SAFE PLACE FOR YOUTH INC 2469 LINCOLN BLVD VENICE, CA 90291	84-1802637	501(C)(3)	200,000	0			CIVIC ENGAGEMENT GRANT
SANTA MONICA BAY AREA HUMAN RELATIONS PO BOX 1307 SANTA MONICA, CA 90406	61-1486057	501(C)(3)	64,600	0			CIVIC ENGAGEMENT 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
SANTA MONICA EDUCATION FOUNDATION 1645 16TH ST SANTA MONICA, CA 90404	95-3787674	501(C)(3)	10,000	0			GENERAL SUPPORT
SEARCH TO INVOLVE PILIPINO AMERICANS 3200 W TEMPLE STREET LOS ANGELES, CA 90026	95-2879339	501(C)(3)	77,500	0			GENERAL SUPPORT; 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
SHARSHERET INC 1086 TEANECK ROAD SUITE 2G TEANECK, NJ 07666	13-4198529	501(C)(3)	75,000	0			HEALTH AND WELLNESS GRANT
SHINE BC LA 845 FOLSOM STREET SAN FRANCISCO, CA 94107	84-3947799	501(C)(3)	200,000	0			WORKFORCE DEVELOPMENT 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
SKID ROW HOUSING TRUST 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021	95-4205316	501(C)(3)	200,000	0			GENERAL SUPPORT
SOUTH CENTRAL FAMILY HEALTH CENTER 4424 S CENTRAL AVE LOS ANGELES, CA 90011	95-3877793	501(C)(3)	175,000	0			DATA EQUITY 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
SOUTHERN CALIFORNIA COUNSELING CENTER 5615 W PICO BLVD LOS ANGELES, CA 90019	95-2430665	501(C)(3)	190,000	0			WORKFORCE DEVELOPMENT AND TRAINING GRANT
SOUTHERN CALIFORNIA EDUCATION FUND PO BOX 151495 LOS ANGELES, CA 90015	95-3713168	501(C)(3)	60,000	0			HEALTH EQUITY 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
SOUTHERN CALIFORNIA GRANTMAKERS 1000 NORTH ALAMEDA STREET NO 230 LOS ANGELES, CA 90012	95-2831058	501(C)(3)	1,786,000	0			GENERAL SUPPORT
SOUTHSIDE COALITION OF COMMUNITY HEALTH 1400 S GRAND AVENUE LOS ANGELES, CA 90015	20-8892311	501(C)(3)	20,000	0			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
SPECIAL SERVICE FOR GROUPS INC 905 E 8TH STREET LOS ANGELES, CA 90021	95-1716914	501(C)(3)	250,000	0			GENERAL SUPPORT
ST JOHN'S WELL CHILD & FAMILY CENTER 808 W 58TH STREET LOS ANGELES, CA 90037	95-4067758	501(C)(3)	100,000	0			COMMUNITY HEALTH 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
STEP UP ON SECOND STREET INC 1328 SECOND STREET SANTA MONICA, CA 90401	95-4109386	501(C)(3)	150,000	0			CAPACITY BUILDING GRANT
SUSAN G KOMEN BREAST CANCER FOUNDATION 13770 NOEL ROAD SUITE 801889 DALLAS, TX 75380	75-1835298	501(C)(3)	10,000	0			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
SUSTAINABLE ECONOMIC ENTERPRISES OF LOS ANGELES 1125 WEST 6TH STREET NO 500 LOS ANGELES, CA 90017	95-4597000	501(C)(3)	130,027	0			FOOD INSECURITY GRANT
THAI COMMUNITY DEVELOPMENT CENTER 6376 YUCCA STREET SUITE B LOS ANGELES, CA 90028	95-4531770	501(C)(3)	50,000	0			HEALTH EQUITY 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
THE ACHIEVABLE FOUNDATION 5840 UPLANDER WAY NO 101 CULVER CITY, CA 90230	95-4552419	501(C)(3)	115,000	0			CAPACITY BUILDING GRANT
THE BOYS AND GIRLS CLUBS OF SANTA MONICA INC 1220 LINCOLN BLVD SANTA MONICA, CA 90401	95-1890706	501(C)(3)	20,000	0			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
THE CHRYSALIS CENTER 522 S MAIN ST LOS ANGELES, CA 90013	95-3972624	501(C)(3)	75,000	0			CAPACITY BUILDING GRANT
THE HASTINGS CENTER INC 21 MALCOLM GORDON RD GARRISON, NY 10524	13-2662222	501(C)(3)	150,000	0			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
THE HEART FOUNDATION 31822 VILLAGE CENTER RD SUITE 208 WESTLAKE VILLAGE, CA 91361	45-0471117	501(C)(3)	12,500	0			GENERAL SUPPORT
THE LEUKEMIA & LYMPHOMA SOCIETY 3 INTERNATIONAL DRIVE RYE BROOK, NY 10573	13-5644916	501(C)(3)	10,000	0			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
THE MAPLE COUNSELING CENTER (TMCC) 9107 WILSHIRE BLVD LOWER LEVEL BEVERLY HILLS, CA 90210	95-2753118	501(C)(3)	250,000	0			CAPACITY BUILDING GRANT
THE PEOPLE CONCERN 2116 ARLINGTON AVENUE NO 100 LOS ANGELES, CA 90018	95-6143865	501(C)(3)	200,000	0			CAPACITY BUILDING 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
THE WALL LAS MEMORIAS 5619 MONTE VISTA ST LOS ANGELES, CA 90042	95-4468225	501(C)(3)	35,000	0			GENERAL SUPPORT
TIDES CENTER PO BOX 29907 SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	1,490,000	0			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
TOWER CANCER RESEARCH FOUNDATION 8767 WILSHIRE BLVD NO 401 BEVERLY HILLS, CA 90211	95-4596354	501(C)(3)	8,000	0			GENERAL SUPPORT
TRUE COLORS UNITED 311 WEST 43RD STREET 12TH FL NEW YORK, NY 10036	45-2489069	501(C)(3)	820,000	0			HOUSING FOR THE YOUTH 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
UCLA FOUNDATION 10889 WILSHIRE BLVD SUITE 1500 LOS ANGELES, CA 90024	95-2250801	501(C)(3)	28,100	0			GENERAL SUPPORT
UNITED WAY OF GREATER LOS ANGELES 1150 S OLIVE ST SUITE T500 LOS ANGELES, CA 90015	95-2274801	501(C)(3)	3,735,000	0			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
UNIVERSITY OF CALIFORNIA IRVINE 120 THEORY SUITE 200 IRVINE, CA 92697	95-2226406	501(C)(3)	70,000	0			GENERAL SUPPORT
UNIVERSITY OF SOUTHERN CALIFORNIA (USC) UNIVERSITY GARDENS UGB203 LOS ANGELES, CA 90089	95-1642394	501(C)(3)	25,000	0			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
VALLEY PRESBYTERIAN HOSPITAL 15107 VANOWEN STREET VAN NUYS, CA 91405	95-1945832	501(C)(3)	6,000	0			GENERAL SUPPORT
VENICE FAMILY CLINIC 604 ROSE AVENUE VENICE, CA 90291	95-2769432	501(C)(3)	210,000	0			GENERAL SUPPORT; CAPACITY BUILDING 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
VIA CARE COMMUNITY HEALTH CENTER INC 507 S ATLANTIC BLVD LOS ANGELES, CA 90022	80-0699156	501(C)(3)	95,000	0			GENERAL SUPPORT
VILLAGE FOR VETS 149 S BARRINGTON AVE 640 LOS ANGELES, CA 90049	81-1275379	501(C)(3)	92,000	0			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
WATSON CARING SCIENCE INSTITUTE 4450 ARAPAHOE AVE ROOM 100 BOULDER, CO 80304	26-0803334	501(C)(3)	10,000	0			GENERAL SUPPORT
WEST HOLLYWOOD CHAMBER OF COMMERCE 8272 SANTA MONICA BLVD WEST HOLLYWOOD, CA 90046	95-1359210	501(C)(6)	15,000	0			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
WEST HOLLYWOOD SHERIFF FOUNDATION 780 N SAN VICENTE BLVD WEST HOLLYWOOD, CA 90069	84-4355224	501(C)(3)	17,000	0			GENERAL SUPPORT
WESTSIDE FAMILY HEALTH CENTER 3861 SEPULVEDA BOULEVARD CULVER CITY, CA 90230	95-2931931	501(C)(3)	75,000	0			CAPACITY BUILDING 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
WESTSIDE FOOD BANK 1710 22ND STREET SANTA MONICA, CA 90404	95-3685875	501(C)(3)	50,000	0			HUNGER RELIEF GRANT
WESTSIDE JEWISH COMMUNITY CENTER INC 5870 W OLYMPIC BLVD LOS ANGELES, CA 90036	95-1691010	501(C)(3)	15,000	0			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
WESTSIDE PACIFIC VILLAGES PO BOX 90737 LOS ANGELES, CA 90045	80-0348830	501(C)(3)	30,000	0			GENERAL SUPPORT
WOMEN'S GUILD 8700 BEVERLY BLVD SUITE 2416 LOS ANGELES, CA 90048	95-6097903	501(C)(3)	15,000	0			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
YOUNG WOMEN'S CHRISTIAN ASSOC (YWCA) 1020 S OLIVE ST 7TH FLOOR LOS ANGELES, CA 90015	95-1652919	501(C)(3)	15,000	0			GENERAL SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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

2021

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 Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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</p>	1b Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2 Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>	5a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>	6a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No								
<p>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.</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
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.

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 4B	<p>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, FOUR INDIVIDUALS HAVE RETENTION INCENTIVES WHICH HAD CLIFF-VESTING DATES IN 2021. THE FOLLOWING OFFICERS, DIRECTORS, KEY EMPLOYEES AND HIGHEST-COMPENSATED EMPLOYEES RECEIVED PAYMENTS DURING THE YEAR ENDED DECEMBER 31, 2021 RELATED TO THE PLANS REFERENCED ABOVE. THESE PAYMENTS ARE INCLUDED IN SCHEDULE J, PART II AND ARE NOT INCREMENTAL PAYMENTS. KEITH BLACK, MD 674,805 JOANNA CHIKWE, MD 377,961 BRUCE GEWERTZ, MD 254,104 KIMBERLY GREGORY, MD 55,486 RAJENDRA MAKKAR, MD 363,522 EDUARDO MARBAN, MD 539,091 SHLOMO MELMED, MD 688,534 PEGGY MILES, MD 19,229 THOMAS M. PRISELAC 1,009,071 EDWARD M. PRUNCHUNAS 824,168 JEFFREY SMITH, MD,JD, MMM 251,611 DAVID M. WRIGLEY 635,426 PART II, COLUMN C: THE NEGATIVE AMOUNTS IN SCHEDULE J PART II COLUMN C ARE RELATED TO A DECREASE IN ACTUARIAL VALUE OF THE ACCRUED BENEFITS OF A DEFERRED COMPENSATION PLAN.</p>

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

2021

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

Table with columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include CA HEALTH FACILITIES FINANCING AUTHORITY.

Part II Proceeds

Table with columns: 1-13 (Amount of bonds retired, Amount of bonds legally defeased, Total proceeds of issue, Gross proceeds in reserve funds, Capitalized interest from proceeds, Proceeds in refunding escrows, Issuance costs from proceeds, Credit enhancement from proceeds, Working capital expenditures from proceeds, Capital expenditures from proceeds, Other spent proceeds, Other unspent proceeds, Year of substantial completion), 2017, 2015, Yes, No. Rows include questions about bond issuance and proceeds allocation.

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							
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				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X			X				
b Exception to rebate?		X	X					
c No rebate due?	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				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		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				
7	Has the organization established written procedures to monitor the requirements of section 148?	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					

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.

Schedule L
(Form 990)

Transactions with Interested Persons

OMB No. 1545-0047

2021

Open to Public Inspection

▶ **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.**

Department of the Treasury
Internal Revenue Service

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

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
See Additional Data Table												

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27, 28, or 29.

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 95-1644600

Name: CEDARS-SINAI MEDICAL CENTER

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) G MELMED MD	SEE PT V: FAMILY MEMBER OF KEY EMPLOYEE	SEE PT V: HOUSING LOAN (EMPLOYEE)		X	150,000	15,000		No	Yes		Yes	
(1) J SMITH MD JD MMM	KEY EMP	SEE PT V: HOUSING LOAN (EMPLOYEE)		X	750,000	600,000		No	Yes		Yes	
(2) SUB CONTRIBUTOR	SEE PT V: EMPLOYEE DONOR	SEE PT V: HOUSING LOAN (EMPLOYEE)		X	500,000	500,000		No	Yes		Yes	
(3) SUB CONTRIBUTOR	SEE PT V: EMPLOYEE DONOR	SEE PT V: HOUSING LOAN (EMPLOYEE)		X	250,000	125,000		No	Yes		Yes	
(4) SUB CONTRIBUTOR	SEE PT V: EMPLOYEE DONOR	SEE PT V: LIFE INSURANCE PREMIUMS (EMPLOYEE)		X	542,380	542,380		No	Yes		Yes	
(5) SUB CONTRIBUTOR	SEE PT V: EMPLOYEE DONOR	SEE PT V: LIFE INSURANCE PREMIUMS (EMPLOYEE)		X	112,920	112,920		No	Yes		Yes	
(6) VAR INT PERSONS	OFF, BRD	SEE PT V: LIFE INSURANCE PREMIUMS (EMPLOYEE)		X	579,930	579,930		No	Yes		Yes	

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ANGELA HIRAI YANG	PART V NARRATIVE - FAMILY MEMBER OF CLEMENT YANG, A BOARD MEMBER	160,142	PART V NARRATIVE - COMPENSATION FOR SERVICES		No
(1) GIL MELMED MD	PART V NARRATIVE - FAMILY MEMBER OF DR. SHLOMO MELMED, A KEY EMPLOYEE	759,917	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) MARC EDELSTEIN MD INC	PART V NARRATIVE - CORP MORE THAN 35% OWNED BY MARC EDELSTEIN, A BRD MEMBER	220,000	PART V NARRATIVE - COMPENSATION FOR SERVICES		No
(1) 121 SAN VICENTE LLC	PART V NARRATIVE - LLC MORE THAN 35% OWNED BY MOHAMED AHMAR, A BOARD MEMBER	3,037,853	PART V NARRATIVE - PROPERTY LEASE		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) FIRST PACIFIC ADVISORS LLC	PART V NARRATIVE - LLC MORE THAN 35% OWNED BY STEVEN ROMICK, A BOARD MEMBER	642,068	PART V NARRATIVE - INVESTMENT MANAGEMENT FEES		No
(1) SUBSTANTIAL CONTRIBUTOR	PART V NARRATIVE - SUBSTANTIAL CONTRIBUTOR	24,255,748	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
(7) SUBSTANTIAL CONTRIBUTOR	PART V NARRATIVE - SUBSTANTIAL CONTRIBUTOR	1,331,888	PART V NARRATIVE - COMPENSATION FOR SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	PART V NARRATIVE - SUBSTANTIAL CONTRIBUTOR	1,628,233	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
(9) SUBSTANTIAL CONTRIBUTOR	PART V NARRATIVE - SUBSTANTIAL CONTRIBUTOR	720,843	PART V NARRATIVE - COMPENSATION FOR SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	PART V NARRATIVE - SUBSTANTIAL CONTRIBUTOR	978,533	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	1,310,402	PART V NARRATIVE - COMPENSATION FOR SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	PART V NARRATIVE - SUBSTANTIAL CONTRIBUTOR	1,014,206	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	613,479	PART V NARRATIVE - COMPENSATION FOR SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	PART V NARRATIVE - SUBSTANTIAL CONTRIBUTOR	1,348,512	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	2,100,980	PART V NARRATIVE - COMPENSATION FOR SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	PART V NARRATIVE - SUBSTANTIAL CONTRIBUTOR	1,599,536	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
(17) SUBSTANTIAL CONTRIBUTOR	PART V NARRATIVE - SUBSTANTIAL CONTRIBUTOR	155,218	PART V NARRATIVE - COMPENSATION FOR SERVICES		No

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

▶ **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	113	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	39	7,660,855	SEE SCH M, PART II
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests	X	1	25,051,000	SEE SCH M, PART II
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** 3

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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 AND LINE 11 WITH RESPECT TO PARTNERSHIP INTERESTS.
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)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**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 REVIEW IS PERFORMED WITHIN THE FINANCE DEPARTMENT INCLUDING REVIEW BY THE EXECUTIVE VICE-PRESIDENT/CHIEF FINANCIAL OFFICER. ADDITIONALLY, THE COMPENSATION INFORMATION IS REVIEWED BY THE COMPENSATION COMMITTEE. A COMPLETE, UNREDACTED COPY OF THE FORM 990 IS PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS IN ADVANCE OF A BOARD MEETING WHERE THE FORM 990 IS PRESENTED, ALLOWING THE ENTIRE BOARD THE OPPORTUNITY TO REVIEW AND DISCUSS THE INFORMATION REPORTED BEFORE THE FORM 990 IS FILED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<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 CORPORATE INTEGRITY COMMITTEE OF THE BOARD OF DIRECTORS. MONITORING PRACTICES: REGULAR AND CONSISTENT MONITORING IS DELEGATED BY THE PRESIDENT/CEO TO THE VICE PRESIDENT, CORPORATE INTEGRITY, AND THE CORPORATE INTEGRITY 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 THE CORPORATE INTEGRITY DEPARTMENT 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 THESE INSTANCES IS SET AT THE DEPARTMENT CHAIRPERSON OR VICE PRESIDENTIAL LEVEL, WITH APPROPRIATE MANAGEMENT MONITORING PLANS. 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; AND SENIOR EXECUTIVES (VICE PRESIDENTS AND HIGHER). 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. 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/CEO. ALL DISCLOSURES ARE REVIEWED FIRST BY THE VICE PRESIDENT, CORPORATE INTEGRITY, AND THE GENERAL COUNSEL, AND THEN REVIEWED BY THE CORPORATE INTEGRITY COMMITTEE. REGARDLESS OF THE MONITORING AND ENFORCEMENT PATH, DISCLOSURES ARE CONCLUDED IN ONE OF THE FOLLOWING MANNERS: -- NO CONFLICT EXISTS; -- MANAGED BY DISCLOSURE; OR -- MANAGED BY SOME OTHER ACTION, SUCH AS A MANAGEMENT PLAN, SEPARATION FROM ROLE OR ACTIVITY, OR BOARD REVIEW AND ACTION.</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 AND OTHER EXECUTIVES IS REASONABLE AND IN COMPLIANCE WITH APPLICABLE LAWS AND REGULATIONS. THE MEDICAL CENTER'S SVP OF HR AND GENERAL COUNSEL PROVIDE 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-POLICY-2021.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 53,831,790. INVESTMENT IN JOINT VENTURES - PRIOR YEAR -21,353,378. TRANSFER TO AFFILIATES -101,108,036. INVESTMENT IN JOINT VENTURES - CURRENT YEAR 70,865,906. ROUNDING -242.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2021

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 6500 WILSHIRE BLVD SUITE 2250 LOS ANGELES, CA 90048 42-1535811	HOSPITAL BILLING	DE	125,768	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) BEVERLY HILLS TECHNICAL IMAGING LLC 6500 WILSHIRE BLVD 22ND FLOOR LOS ANGELES, CA 90048 83-2046634	HOLDING COMPANY	CA	13,772,993	13,336,450	CEDARS-SINAI MEDICAL CENTER
(4) 8701-8709 BEVERLY LLC 6500 WILSHIRE BLVD SUITE 2250 LOS ANGELES, CA 90048 46-5022962	HOLDING COMPANY	CA	549,337	13,501,689	CEDARS-SINAI MEDICAL CENTER
(5) 3400 LOMITA SOUTH LLC 6500 WILSHIRE BLVD 22ND FLOOR LOS ANGELES, CA 90048 37-2020505	HOLDING COMPANY	CA	407,199	32,979,629	CEDARS-SINAI MEDICAL CENTER
(6) 3440 LOMITA NORTH LLC 6500 WILSHIRE BLVD 22ND FLOOR LOS ANGELES, CA 90048 32-0669992	HOLDING COMPANY	CA	535,300	38,869,253	CEDARS-SINAI MEDICAL CENTER

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

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

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

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

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
See Additional Data Table									

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)		No
j Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
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)	Yes	
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)	Yes	

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

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

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

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

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

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation

Additional Data

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

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
PCX SYSTEMS LLC 6500 WILSHIRE BLVD SUITE 2250 LOS ANGELES, CA 90048 42-1535811	HOSPITAL BILLING	DE	125,768	0	CEDARS-SINAI MEDICAL CENTER
RECS LLC 8700 BEVERLY BLVD TSB STE 290 LOS ANGELES, CA 90048 47-2717150	HOLDING COMPANY	DE	0	0	CEDARS-SINAI MEDICAL CENTER
BEVERLY HILLS TECHNICAL IMAGING LLC 6500 WILSHIRE BLVD 22ND FLOOR LOS ANGELES, CA 90048 83-2046634	HOLDING COMPANY	CA	13,772,993	13,336,450	CEDARS-SINAI MEDICAL CENTER
8701-8709 BEVERLY LLC 6500 WILSHIRE BLVD SUITE 2250 LOS ANGELES, CA 90048 46-5022962	HOLDING COMPANY	CA	549,337	13,501,689	CEDARS-SINAI MEDICAL CENTER
3400 LOMITA SOUTH LLC 6500 WILSHIRE BLVD 22ND FLOOR LOS ANGELES, CA 90048 37-2020505	HOLDING COMPANY	CA	407,199	32,979,629	CEDARS-SINAI MEDICAL CENTER
3440 LOMITA NORTH LLC 6500 WILSHIRE BLVD 22ND FLOOR LOS ANGELES, CA 90048 32-0669992	HOLDING COMPANY	CA	535,300	38,869,253	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
6500 WILSHIRE BLVD 15TH FLOOR LOS ANGELES, CA 90048 95-4457756	PROVISION OF MEDICAL CARE, TEACHING, AND RESEARCH	CA	501(C)(3)	LINE 12A, I	CEDARS-SINAI MEDICAL CENTER	Yes	
8670 WILSHIRE BLVD STE 301 BEVERLY HILLS, CA 90211 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	
8700 BEVERLY BLVD LOS ANGELES, CA 90048 87-1097792	MANAGEMENT AND LICENSING OF INTELLECTUAL PROPERTY ASSETS	CA	501(C)(3)	12A, I	CEDARS-SINAI MEDICAL CENTER	Yes	
100 WEST CALIFORNIA BLVD PASADENA, CA 91105 95-1644036	HEALTH SERVICES	CA	501(C)(3)	LINE 3	CEDARS-SINAI HEALTH SYSTEM	Yes	
100 WEST CALIFORNIA BLVD PASADENA, CA 91105 95-4434428	HEALTH SERVICES	CA	501(C)(3)	LINE 3	PASADENA HOSPITAL ASSOCIATION LTD	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(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	
ENDOSCOPY CENTER OF SANTA MONICA LLC 12400 WILSHIRE BLVD STE 100 LOS ANGELES, CA 90025 11-3652210	ENDOSCOPIES AND THE RELATED PROCEDURES	CA	CEDARS-SINAI MEDICAL CENTER	RELATED	809,275	5,316,800		No		Yes		72.130 %
ISS ASC HOLDINGS LLC 6500 WILSHIRE BLVD 15TH FLOOR LOS ANGELES, CA 90048 47-1890805	INVESTMENT IN HEALTHCARE SERVICES	CA	CEDARS-SINAI MEDICAL CENTER	RELATED	1,210,664	21,402,906		No			No	83.820 %
INTERNATIONAL SPINE & ORTHOPEDIC INSTITUTE LLC 8500 W 110TH ST OVERLAND PARK, KS 66210 26-3738893	SPINE AND ORTHOPEDIC INSTITUTE	DE	CEDARS-SINAI MEDICAL CENTER	RELATED	-149,173	4,426,198		No			No	58.020 %
SANTA MONICA IMAGING GROUP LLC 6500 WILSHIRE BLVD 15TH FLOOR LOS ANGELES, CA 90048 82-0760657	IMAGING CENTER	CA	CEDARS-SINAI MEDICAL CENTER	RELATED	-1,510,228	4,123,079		No			No	65.000 %
CS-BH ASC HOLDINGS LLC 450 N ROXBURY DR STE 602 BEVERLY HILLS, CA 90210 81-2246488	HOLDING COMPANY	CA	CEDARS-SINAI MEDICAL CENTER	RELATED	2,668,424	13,793,226		No			No	85.000 %
TORRANCE MEMORIAL SURGICAL CENTER LLC I 23560 CRENSHAW BLVD STE 104 TORRANCE, CA 90505 46-5259260	OUTPATIENT SURGICAL SERVICES	CA	N/A					No			No	
3565 DEL AMO ASSOCIATES A CALIFORNIA LIMITED PARTNERSHIP 5017 CARMEN STREET TORRANCE, CA 90503 33-0554737	RENTAL REAL ESTATE	CA	N/A					No			No	
90210 ASC VENTURE LLC 450 N ROXBURY DR STE 602 BEVERLY HILLS, CA 90210 13-4341801	AMBULATORY SURGERY CENTER	CA	N/A					No			No	
HUNTINGTON AMBULATORY SURGERY CENTER LLC 625 S FAIR OAKS AVE NO 380 PASADENA, CA 91105 27-3922007	AMBULATORY SURGERY CENTER	CA	N/A					No			No	
ABCENTRA LLC 2390 CRENSHAW BLVD 202 TORRANCE, CA 90501 20-2327127	RESEARCH AND DEVELOPMENT	DE	CEDARS-SINAI MEDICAL CENTER	RELATED	-2,472,269	5,828,306		No			No	72.950 %
TIA-CEDARS MANAGEMENT SERVICES ORGANIZATION LLC 548 MARKET ST 45295 SF, CA 94104 88-4206382	INVESTMENT IN HEALTHCARE SERVICES	CA	CEDARS-SINAI MEDICAL CENTER	RELATED				No			No	60.000 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(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
OPTIMATRIX HEALTH SOLUTIONS INC 8700 BEVERLY BLVD LOS ANGELES, CA 90048 95-4522779	INACTIVE	CA	CEDARS-SINAI MEDICAL CENTER	C			100.000 %	Yes	
OTOHARMONICS CORPORATION PO BOX 272 WILMINGTON, DE 19899 46-1119421	INACTIVE	DE	CEDARS-SINAI MEDICAL CENTER	C	6,848	437,127	91.300 %	Yes	
CENTINELA FREEMAN HOLDINGS INC 8700 BEVERLY BLVD TSB-290 LOS ANGELES, CA 90048 59-3811890	REAL ESTATE HOLDINGS	CA	CEDARS-SINAI MEDICAL CENTER	C	22,353,213		100.000 %	Yes	
CHARITABLE REMAINDER TRUSTS (CRAT-5 CRUT-3)	TRUST	CA	N/A	T					No
CHARITABLE LEAD TRUSTS (1)	TRUST	CA	N/A	T					No
CONGRESS SERVICES CORPORATION 100 WEST CALIFORNIA BLVD PASADENA, CA 91105 95-3978299	MANAGEMENT SERVICES	CA	N/A	C				Yes	
GRAVIDAS DIAGNOSTICS INC 8721 BEVERLY BLVD LOS ANGELES, CA 90048 87-2085657	MEDICAL EQUIPMENT AND SUPPLIES MANUFACTURING	DE	N/A	C				Yes	
THIRD STREET INSURANCE COMPANY (SAC) LTD PO BOX HM 1024 HAMILTON, HM DX BD 98-1678749	CAPTIVE INSURANCE	BD	N/A	C				Yes	
TRIAN PARTNERS II LTD LANDMARK SQUARE WEST BAY ROAD PO GRAND CAYMAN KY1-9006 CJ	INVESTMENTS	CJ	CEDARS-SINAI MEDICAL CENTER	C		39,770,775	52.720 %	Yes	
LIQUID LOAN OPPORTUNITIES FUND LP PO BOX 309 UGLAND HOUSE, GRAND CAYMAN KY1-1104 CJ 98-0693063	INVESTMENTS	CJ	CEDARS-SINAI MEDICAL CENTER	C		23,601,207	56.800 %	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
90210 ASC VENTURE LLC	A	48,464	FAIR MARKET VALUE
90210 ASC VENTURE LLC	Q	541,435	FAIR MARKET VALUE
ENDOSCOPY CENTER OF SANTA MONICA LLC	A	19,586	FAIR MARKET VALUE
ENDOSCOPY CENTER OF SANTA MONICA LLC	Q	100,417	FAIR MARKET VALUE
CEDARS SINAI INTELLECTUAL PROPERTY COMPANY	R	11,401,905	FAIR MARKET VALUE
CEDARS SINAI INTELLECTUAL PROPERTY COMPANY	S	25,846,630	FAIR MARKET VALUE
CEDARS-SINAI MEDICAL CARE FOUNDATION	B	106,447,663	FAIR MARKET VALUE
CEDARS-SINAI MEDICAL CARE FOUNDATION	R	629,347,637	FAIR MARKET VALUE
CEDARS-SINAI MEDICAL CARE FOUNDATION	Q	10,716,079	FAIR MARKET VALUE
CALIFORNIA HEART CENTER FOUNDATION	B	2,213,392	FAIR MARKET VALUE
CFHS HOLDINGS INC	A	24,178	FAIR MARKET VALUE
CFHS HOLDINGS INC	B	16,400,000	FAIR MARKET VALUE
CFHS HOLDINGS INC	L	10,191,917	FAIR MARKET VALUE
CFHS HOLDINGS INC	O	3,267,229	FAIR MARKET VALUE
CFHS HOLDINGS INC	P	1,399,215	FAIR MARKET VALUE
CFHS HOLDINGS INC	Q	8,227,025	FAIR MARKET VALUE
CFHS HOLDINGS INC	R	10,326,073	FAIR MARKET VALUE
CFHS HOLDINGS INC	S	14,110,505	FAIR MARKET VALUE
CENTINELA FREEMAN HOLDINGS INC	S	12,831,886	FAIR MARKET VALUE
PASADENA HOSPITAL ASSOCIATION LTD	K	92,338	FAIR MARKET VALUE
PASADENA HOSPITAL ASSOCIATION LTD	P	2,058,547	FAIR MARKET VALUE
PASADENA HOSPITAL ASSOCIATION LTD	Q	2,932,471	FAIR MARKET VALUE
TORRANCE MEMORIAL MEDICAL CENTER	A	502,576	FAIR MARKET VALUE
TORRANCE MEMORIAL MEDICAL CENTER	Q	3,166,812	FAIR MARKET VALUE
TORRANCE MEMORIAL MEDICAL CENTER	R	7,000,000	FAIR MARKET VALUE

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
TORRANCE HEALTH ASSOCIATION	B	8,758,329	FAIR MARKET VALUE