There is a place where **HOPE IS** more than a word, a feeling, a possibility.

It’s a real place, where hope is made of **REAL** things.
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Cover photo: Julius Shulman and Juergen Nogai
Below: Chris Lodder
Additional Contributing Photographers: Fred Lee, Thomas Brown
For most of us at City of Hope, curing cancer is a personal quest.
As it has marked our families and our dearest friends, it has also
shaped the trajectory of our own lives. We have become scientists,
researchers, physicians and nurses determined to erase that word
from the world’s vocabulary.

We believe that curing cancer requires imagination, collaboration
and an unwavering commitment to turn hope into reality. So we
encourage the best minds to dream big and work together to
transform lives.

Scientists and researchers in our Beckman Research Institute,
technicians in our onsite pharmaceutical manufacturing facilities
and caregivers in our exceptional cancer care teams, are united
in this journey. Investments from our donors and supporters fill
in the gaps where funding is needed, ensuring we are the best
stewards we can be.

In this report you will see the work of fiercely committed teams
at the forefront of medicine, transforming scientific discoveries
into innovative treatments and drugs to fight the scourges of
cancer and diabetes.

Research – treatment – cures. It’s what we do here, in this city
where hope is real.

Robert W. Stone
President and Chief Executive Officer
... that make second chances, tomorrows, birthdays and dreams fulfilled.
Hope starts with our mission: to transform scientific research into new drugs and treatments that will improve as many lives as possible – as soon as possible.

A diagnosis of cancer or other life-threatening disease doesn’t just impact the patient. Families, loved ones, friends are impacted, too. They have plans to make, promises to keep, and finish lines and continents to cross.

Hope is made into reality here, every day. Our organization, our translational research model, and our facilities were all designed and built to give doctors and researchers everything they need to turn science into powerful new treatments:

- **freedom and independence** to focus on discoveries and breakthroughs that move medicine forward;
- **opportunities for collaboration and partnership** to encourage researchers and other experts to join forces and bring their discoveries to clinical trials;
- **three on-site, Food and Drug Administration (FDA)-compliant manufacturing facilities** to produce a wide range of drugs and treatments for clinical trials, including small molecules, anti-viruses, biological compounds, islet cells, stem cells and monoclonal antibodies;
- **technology and licensing resources and expertise** to support both our researchers and the progress of their research;
- **philanthropic support** from a community of committed donors, including individuals, foundations and corporations, that supplement federal funds and ensure that the work moves ahead;
- **project-specific grants** from the institution. City of Hope invests strategically to maximize the impact of research, and to speed new diagnostics, devices and therapies into clinical trials.

Beyond simply offering cause for hope, this commitment and approach consistently yield results. City of Hope holds approximately 250 patents, and submits nearly 30 applications per year to the FDA for investigational new drugs.

Over the years, the discoveries we’ve made here have changed the lives of patients around the world. These include the research leading to the first synthetic insulin and the technology behind numerous cancer-fighting drugs.
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Life-changing new drugs, vaccines, therapies and treatments:
These are just a few of the ways that City of Hope is moving medicine forward every day. The story of each breakthrough, from initial discovery to clinical trial, shows the remarkable things that happen when a city is designed and built to make hope.

continued on next page
Enlisting the immune system to beat cancer

Stephen J. Forman, M.D.
Francis & Kathleen McNamara Distinguished Chair in Hematology and Hematopoietic Cell Transplantation

BACKGROUND

The body’s immune system is usually adept at attacking outside invaders, such as bacteria and viruses. But because cancer originates from the body’s own cells, the immune system can fail to see it as foreign. As a result, the body’s most powerful ally can remain largely idle against cancer as the disease progresses. Immunotherapy in general seeks to spur the immune system to action, helping the body fight cancer. One type of immunotherapy — T cell therapy — reprograms immune cells known as T cells to recognize and destroy cancer cells.

“These are large trials, not necessarily in size, but in their implications and significance.”
— Stephen J. Forman

A WAVE OF CLINICAL TRIALS

Normally, T cells attack bacteria and other infectious agents. In T cell therapy, T cells are isolated from a sample of the patient’s blood then genetically engineered to seek out and attack a specific cancer. Researchers grow millions of these engineered T cells in the laboratory. The engineered cells are reinfused into the patient, where they go to work eliminating cancer.

Stephen J. Forman, M.D. has long pursued breakthrough treatments for hematologic cancers and blood-related disorders, and heads up City of Hope’s bone marrow transplant program. Under his direction, a wave of T cell clinical trials is underway, all of which are moving the treatment out of the lab and directly to patients.

A SERIES OF FIRSTS

City of Hope was among the first institutions to conduct in-human T cell therapy trials for patients with lymphoma, neuroblastoma (a childhood cancer) and glioma (a type of brain tumor). In 2013, Forman’s team was the first to use altered T cells to treat patients with malignant lymphoma as part of the stem cell transplant regimen. Forman’s team is now expanding this therapeutic platform to treat patients with both lymphoma and leukemia who are not undergoing a stem cell transplant. Later this year, City of Hope will open a first-in-human clinical trial evaluating a new T cell product for the treatment of glioma brain tumors, and will be the first in the world to treat patients with acute myelogenous leukemia (AML) using T cell therapy.

IT COULD ONLY BE MADE HERE

Researchers in the T Cell Therapeutics Research laboratory (TCTRL), led by Christine Brown, Ph.D., Xiuli Wang, M.D., Ph.D. and Saul Priceman, Ph.D., conduct basic science experiments to reprogram a patient’s T cells to recognize and destroy their cancer most effectively, then apply them when designing first-in-human clinical trials.

Administration of the altered T cells is subject to oversight from the FDA as well as other regulatory agencies. City of Hope has a team dedicated to T cell initiatives. It ensures that these therapies are moved forward as quickly and safely as possible within regulatory guidelines, allowing clinicians and researchers to focus on the T cells.

At The Miller Family Translational Technologies Center at City of Hope, dedicated TCTRL staff engineer and grow a patient’s T cells.

City of Hope’s Division of Transfusion Medicine supports these trials in two ways. T cells are collected from patients at the Donor Apheresis Center. Using processes developed through years of experience in stem cell transplantation, the Stem Cell Processing Laboratory prepares the engineered T cells for reinfusion into the patient.

Collaborating with the TCTRL, City of Hope’s Clinical Immunobiology Correlative Studies Laboratory (CICSL) evaluates samples and specimens obtained from patients in trials, giving the T cell therapy team a clear picture of the engineered T cells’ and the potential impact on the individual’s tumor, body and immune system. City of Hope makes possible the full circle of translational medicine.

MOVING FORWARD

T cell therapy research at City of Hope is extending beyond their important work on blood and bone marrow cancers, and brain tumors. Scientists and doctors are now investigating T cell therapy’s potential against multiple myeloma, ovarian, breast and prostate cancers, with clinical trials expected to open in two to three years. These are some of the deadliest forms of cancer that currently lack powerful, lifesaving treatments. With these trials, that could change.
MADE HERE

CpG-STAT3siRNA

A new drug that stops cancer’s siren call to the immune system

Hua Yu, Ph.D.
Billy and Audrey L. Wilder Professor in Tumor Immunotherapy
Associate Chair, Department of Cancer Immunotherapeutics and Tumor Immunology

“With STAT3, we’re working on a platform that applies to a lot of diseases. Because the protein is found in so many cancers, what we discover could be used to fight many cancers as well.”

– Hua Yu

BACKGROUND
Cancer has a way of "talking" to the immune system and corrupting it to work on its own behalf, instead of defending the body. Blocking this communication would allow the immune system to see cancer cells for what they are – something to be fought off – and stop them from growing.

A BREAKTHROUGH
Scientists have known for some time that cancer uses a protein called STAT3 to talk to the immune system. At City of Hope, Hua Yu, Ph.D, and her team sought more than simply an understanding of how the two are able to connect and communicate. They wanted to create a treatment to address it.

Based on what they discovered about how STAT3 works, Yu and her team developed a drug that would clamp down on STAT3, halting its ability to talk to the immune system. Known as CpG-STAT3siRNA, the drug administers a dual blow: it blocks the growth of cancer cells, even as it sends a message to surrounding immune cells to destroy the tumor. CpG-STAT3siRNA also appears to enhance the effectiveness of other immunotherapies, such as T cell therapy, by helping prevent cancer from subverting the immune system.

PROMISING RESULTS
In preclinical studies, CpG-STAT3siRNA effectively stymied growth of aggressive lymphomas and the brain cancer glioma, two deadly cancers with no current viable therapies. Promising results were also found with CpG-STAT3siRNA and leukemia.

IT COULD ONLY BE MADE HERE
In a different setting, the discoveries that Yu and her team made might have remained only that: discoveries. But City of Hope’s translational research model ensured that Yu and her team had the resources, support and expertise they needed to transform science into treatment.

Bringing a new treatment to first-in-human trials is a team effort. Scientific researchers such as Yu cannot work directly with patients: they need to partner with doctors. City of Hope’s collaborative environment enables Yu to work with doctors who are experts in their fields and experienced in clinical trials.

The Center for Biomedicine & Genetics accelerated CpG-STAT3siRNA’s progress from preclinical trials to first-in-human trials. By having an Food and Drug Administration-compliant manufacturing facility on campus, researchers could cut both production costs and time – and keep the patent for the drug. This ensures that royalties from CpG-STAT3siRNA will be funneled back into further research at City of Hope.

MOVING FORWARD
Yu and her colleagues are preparing to take CpG-STAT3siRNA to a first-in-human trial for B cell lymphoma and glioma patients. To that end, CpG-STAT3siRNA is now in production on campus at City of Hope. Pending confirmation of the drug’s safety in the first phase of the trial, it will then be tested in combination with T cell therapy. Researchers across campus are eagerly awaiting the results.
“It appears that the more invasive the tumor, the more the neural stem cells are attracted to it.”

– Karen S. Aboody

BACKGROUND
Brain tumors are exceptionally difficult to treat. They can be removed surgically, but individual cancer cells may have already spread elsewhere in the brain and can escape the effects of both radiation and chemotherapy. To prevent tumors from recurring, doctors need a way to find and stop those invasive cancer cells. Researchers at City of Hope think a special type of cell, known as a neural stem cell, could be the answer. Neural stem cells – known for their ability to become any type of cell in the nervous system – not only are attracted to cancer cells, they have the ability to deliver drugs directly to the tumor sites, sparing healthy tissues and minimizing side effects.

A DRIVE TO BRING A DISCOVERY TO PATIENTS
As a researcher at Massachusetts General Hospital and Children’s Hospital, Harvard Medical School, Karen Aboody, M.D., discovered the natural ability of neural stem cells to target cancer cells in the brain. Her pioneering work helped to establish a new field of cancer treatment, one that uses neural stem cells to deliver drugs or other therapies directly to tumor sites.

Aboody came to City of Hope in 2003 specifically for the opportunity to develop this treatment for use in patients. And in 2010, it happened. Jana Portnow, M.D., associate clinical professor, Department of Medical Oncology & Therapeutics Research, led the first-in-human trial of the stem cells, administered to patients whose recurrent brain tumors had not responded to treatment. At the time of their tumor surgery, the patients received a dose of neural stem cells modified to produce a specific enzyme. Next, they were given an inactive pro-drug. Upon reaching the brain and encountering the enzyme produced by the neural stem cells, that pro-drug converted into an active chemotherapeutic agent — in effect, producing localized chemotherapy.

A BREAKTHROUGH
The results of the pilot trial showed that the stem cells were well tolerated and safe, that they’d migrated to the tumors, and that they’d successfully converted the pro-drug to a cancer-killing drug at the tumor sites, sparing healthy cells in the body and brain. These results have paved the way for a pilot safety study, which will establish the appropriate dosing of the therapy.

IT COULD ONLY HAPPEN HERE
Even the most promising discoveries can have trouble moving beyond the laboratory if researchers and clinicians are not trained in translational research. City of Hope supported Aboody’s vision with a team of colleagues, researchers and physicians, as well as manufacturing, administrative and regulatory experts, to help bring neural stem cell-mediated therapy to clinical trial.

The pilot study was funded by the National Institutes of Health’s National Cancer Institute and subsidized by City of Hope. The upcoming phase I trial will be funded by the Food and Drug Administration (FDA) with additional funding from City of Hope. Having access to manufacturing on campus, as well as a hospital facility and patients, further reduces clinical costs.

City of Hope’s existing relationship with the FDA, and the FDA’s familiarity with, and approval of, the manufacturing processes in place at City of Hope’s Center for Biomedicine & Genetics, eased the way for Aboody’s genetically modified stem cells to go into production.

MOVING IT FORWARD
The phase I brain tumor patient trial, with increased doses and multiple rounds of treatment, is scheduled to start in September of 2014. Aboody and her colleagues will also develop a second generation of stem cells for clinical trial, using an $18 million grant from the publicly funded California Institute of Regenerative Medicine. In this trial, the stem cells will be modified to carry a different drug to brain tumor sites.
MADE HERE

A COMPREHENSIVE APPROACH TO CURING DIABETES

Fouad R. Kandeel, M.D., Ph.D.
Director, Islet Cell Transplant Program

“We are committed to applying our resources, facilities and best talent to address the needs of diabetes patients.”

– Fouad Kandeel

BACKGROUND

Diabetes affects nearly every organ in the body. In type 1 diabetes (previously called juvenile onset or insulin-dependent diabetes), its cause, and potentially its cure, can be found in the pancreas — home to islet cells which produce insulin, the hormone that enables the body to process sugar.

In people with type 1 diabetes — a lifelong condition — the body’s immune system attacks and kills the islet cells. Patients must inject themselves with insulin to control their blood sugar (known as glucose). Transplantation of healthy insulin-producing islet cells is the first step on the path to freedom from this constant struggle.

A LEADER IN THE FIELD

Fouad Kandeel, M.D., Ph.D, was instrumental in launching City of Hope’s Islet Cell Transplantation Program. Since leading the first transplantation in 2004, he has pursued the safest and most effective methods of transplantation — using islet cells from donors — a far simpler procedure than transplantation of an entire pancreas.

As Kandeel works to perfect the protocols, or rules, for islet cell transplantation, he’s also working with other researchers and clinicians at City of Hope to create a comprehensive — potentially conclusive — approach to curing diabetes. This includes:

• Treatments that encourage the patient’s own immune system to stop killing the insulin-producing islet cells, support their transplantation and eliminating the need for toxic anti-rejection drugs.

• Others using a growth factor, that encourages the insulin-producing islet cells to grow and multiply, thereby reducing the number of islet cells needed for treatment, and possibly eliminating the need for islet transplantation in patients with early-stage disease.

• New imaging methods to assess the health of transplant’s insulin-producing islet cells in real-time.

IT COULD ONLY HAPPEN HERE

City of Hope has a long and impressive history of groundbreaking discoveries in the field of diabetes, spanning more than four decades. Arthur Riggs, Ph.D., chair, Department of Diabetes and Metabolic Diseases Research, is widely recognized for his work on the synthesis of the first man-made gene and the use of synthetic genes for the production of human insulin.

Over 10 years ago, City of Hope matched a $1.5 million grant from the Leslie and Susan Gonda (Goldschmied) Foundation to help launch the Islet Cell Transplantation Program, paving the way for an additional $7 million grant from the National Institutes of Health (NIH) a year later.

City of Hope is now a national leader in islet cell transplantation, one of only seven islet cell resource and distribution centers funded by the NIH.

The success of a program such as this one, encompassing so many disciplines and components, requires considerable coordination of resources. City of Hope has established the Diabetes Research Center at City of Hope to serve as an administrative hub to foster and support all diabetes-related activities.

The Center for Biomedicine & Genetics provided Kandeel and his team with both the regulatory expertise and manufacturing skills needed to obtain the islet cells for clinical trials.

MOVING FORWARD

Islet cell transplantation is limited by a severe shortage of available donor cells. Work is underway to promote the transformation of stem cells into pancreatic insulin-producing cells. If successful, this would provide a nearly unlimited source of cells for transplantation, making islet cell transplantation a potential cure for all types of diabetes.

New clinical trials are expected to begin accepting patients in late 2014 or early 2015.
IT COULD ONLY HAPPEN HERE

City of Hope specializes in collaborations that turn discoveries into realities. Chung even organizes an annual phase I retreat, enabling City of Hope’s doctors and scientists to present their work to each other and build new projects together.

Access to on-site manufacturing facilities saved time and money, allowing Diamond and Chung to quickly move the vaccine from preclinical to human trials. Rather than looking for a company to manufacture their vaccine, City of Hope did it on-site in its Food and Drug Administration (FDA)-compliant Center for Biomedicine & Genetics.

Although federal funding to make vaccines is difficult to obtain, City of Hope has provided funds for a new lot of the vaccine, which also will be produced on campus.

MOVING FORWARD

A phase II trial, to test the vaccine’s effectiveness, is now being planned. With safety and dosage established, the vaccine can be given to patients with less-advanced cancers. This will provide more insight into how the body reacts to, and fights, cancer.

To increase the body’s response to the vaccine, researchers will combine it with new groundbreaking antibody therapies recently approved by the FDA. The research that led the way for translating these antibodies for human use was developed in the early ’80s at City of Hope by Arthur Riggs, Ph.D., chair, Department of Diabetes and Metabolic Diseases Research, and then postdoctoral fellow, Shmuel Cabilly, Ph.D. Ultimately this may offer many cancer patients the chemotherapy alternative they desperately need.
ANNUAL REPORT

MADE HERE

PUSHING THE LIMITS OF CANCER SURGERY

Gagandeep Singh, M.D.
Clinical Professor and Chief, Division of Surgical Oncology

“If it can work for the liver, it can work everywhere.”
– Gagandeep Singh

BACKGROUND
Cancer that spreads to the liver poses a significant threat to patients, and a great challenge to surgeons. The organ’s anatomical complexity and its maze of blood vessels make removal of tumors difficult, even for specialized cancer surgeons. Following chemotherapy, the livers of cancer patients are not optimally healthy. This compromises the power of the residual liver to compensate functionally, postsurgery, and to regenerate over time. Hence, saving as much of the liver as possible is key.

AN INNOVATOR
Gagandeep Singh, M.D., has long pursued surgical techniques that would allow for successful removal of tumors. Over time, he devised a technique that incorporated tools normally used in laparoscopy and neurosurgery.

Using this technique in 2012, he operated on Susan Stringfellow, a patient in her 60s, whose colon cancer had metastasized to her liver. Removal of the tumors required resecting almost 75% of her liver. In the year following the surgery, the patient’s liver regenerated itself. Encouraged, Singh continued to use the technique, teaching it to his surgical oncology fellows at City of Hope. Close to 200 surgeries later, he had amassed data confirming that the technique reduced the need for blood transfusions and resulted in no biliary leaks.

A BREAKTHROUGH IDEA
Inspired by his results, in 2013 he set out to design a high-energy vessel- and tissue-sealing tool that combined the capabilities of the various tools he had used in surgery. Wanting to make the tool as accessible as possible, he envisioned something ergonomic, lightweight, easy to use and inexpensive.

A single tool, he reasoned, would shorten the time needed to perform such surgeries. And because of the technique’s success with the liver, he was certain that a tool based upon it could also be used on other challenging organs, including the stomach, colon, pancreas and uterus.

IT COULD ONLY HAPPEN HERE
As a specialized cancer treatment center, City of Hope had no shortage of patients who could benefit from such an advance in surgical technique. Singh was able to confirm over a relatively short period of time the advantages of his technique, and to make a case for a tool based on it.

In a different clinical setting, Singh might have lost valuable time navigating the patent process. But with the support and expertise of City of Hope’s Office of Technology Licensing, he was able to file two patents on his design.

Manufacturers and institutions rarely fund new devices. But in 2014, City of Hope awarded Singh a $575,000 grant to build a prototype of the tool.

MOVING FORWARD
The patents and the prototype for the tool are underway. Meanwhile, surgeons around the world can use Singh’s surgical technique to obtain better outcomes for people like Susan Stringfellow.
COH29, A BETTER CANCER DRUG

Yun Yen, M.D., Ph.D.
Dr. & Mrs. Allen Y. Chao Chair in Developmental Cancer Therapeutics

David Horne, Ph.D.
Interim Director, Beckman Research Institute of City of Hope

“We develop new therapies, you need all of these people with different areas of expertise.”
– Yun Yen

BACKGROUND
Chemotherapy drugs work by either killing cancer cells or by stopping them from multiplying, that is, dividing. Some of the more powerful drugs used to treat cancer do their job by interfering with the cancer cells' DNA and RNA growth, preventing them from copying themselves and dividing.

Such drugs, however, like Hydroxyurea, do have drawbacks. One is that the body metabolizes them quickly. Patients need frequent doses to achieve the desired effects. Because the side effects of the drugs are already considerable, increased use of them raises the risk of negative reactions. Another drawback is that cancer cells develop rapid resistance to the drugs, reducing their effectiveness.

A TEAM EFFORT
As a physician, molecular pharmacologist Yun Yen, M.D., Ph.D., knows well the limitations of chemotherapy drugs. He partnered with medicinal chemist David Horne, Ph.D., to find — and improve — a molecule, or compound, to overcome these problems.

First, Yen selected a promising anti-cancer compound from the National Cancer Institute's library of anti-cancer agents. Then, using data obtained with the help of the skilled laboratory scientists in City of Hope's Core (or “Shared”) Services, Horne began to make structural adjustments to improve the molecule’s effectiveness. Core Services provides researchers, specialized expertise, testing and instrumentation in fields such as molecular modeling, screening, medicinal chemistry and cancer biology. Access to these services enabled Yen and Horne to determine, even before preclinical testing, how the compound worked.

Working with a multidisciplinary team through long cycles of chemical adjustment, testing and more adjustment, Yen and Horne were able to build a better cancer drug, COH29. Having these resources on-site made this labor-intensive process affordable. As Horne says, “COH29 is not easy to synthesize. Contracting production would have been three, even four times the cost.”

A BREAKTHROUGH
In preclinical studies, COH29 has been shown to reduce tumor growth in human cancers. It has proved most effective against leukemia and ovarian cancer — diseases that are hard to treat, and for which new approaches are desperately needed. Further, it has also shown promise against breast cancer cells.

IT COULD ONLY HAPPEN HERE
Not all institutions have medicinal chemists on staff, requiring outside collaborations and a lengthy development time for refinement of compounds. Horne came to City of Hope in 2007 specifically to launch what’s known as the small molecule program and to develop treatments like COH29.

Having affordable and accessible Core Services on campus spares clinicians and researchers like Yen from having to acquire equipment — and the experts who know how to use it — for their own labs.

Yen credits City of Hope’s supportive and “collegial” environment for helping to get the drug to trial in a third of the time one might expect. “The know-how is already there,” he says. Having expert resources on campus — including help with Food and Drug Administration (FDA) filings, which can run to 1,000 pages — allowed the team to focus on developing the drug without getting bogged down.

COH29 was the first small molecule to be produced in the Chemical GMP Synthesis Facility. In addition to saving costs and time, and assuring high quality, manufacturing on campus enables City of Hope to retain the patent for the drug. Future royalties, then, can help fund further research.

MOVING BEYOND THE CITY
Taking compounds like COH29 to clinical trial is usually the domain of pharmaceutical companies. However, following a review this summer by the FDA, a phase I, first-in-human trial of COH29 will likely begin at City of Hope in late 2014. A new lot of the drug for the trial is currently being manufactured at the Chemical GMP Synthesis Facility. The long-term goal is to develop it into a new therapy for ovarian cancer.
THE ARCHITECTURE OF HOPE

To understand City of Hope’s consistent ability to transform scientific discovery into practical benefit, look no further than our campus itself: It was designed and built to support the vital work of our researchers and clinicians. Here, our research teams can find all that they need to perform the translational research that turns today’s laboratory findings into tomorrow’s innovative treatments. This includes state-of-the-art research, laboratory and manufacturing facilities, as well as regulatory and licensing expertise; all are essential to effectively moving promising discoveries to clinical trials.

BECKMAN RESEARCH INSTITUTE
Headquartered in the Arnold and Mabel Beckman Center for Cancer Immunotherapeutics & Tumor Immunology, and led by David Horne, Ph.D., chair and professor, Department of Molecular Medicine, Beckman Research Institute of City of Hope is home to roughly 85 independent researchers, and to City of Hope’s graduate and postdoctoral programs. Beckman Research Institute of City of Hope was the first of five Beckman Institutes and has held a National Cancer Institute Cancer Center Support Grant for more than 30 years.

CENTER FOR BIOMEDICINE & GENETICS (CBG)
Under the auspices of the Sylvia R. & Isador A. Deutch Center for Applied Technology Development, and led by founding director, Larry Couture, Ph.D., senior vice president, this two-story, 20,000-square-foot facility was built in 2000. Its multifunctional design supports the production of an array of novel therapeutics in one location. These include islet cells for treating patients with type 1 diabetes, T cells for use in immunotherapeutic treatments and monoclonal antibodies that help the immune system fight cancer.

CHEMICAL GMP SYNTHESIS FACILITY
Led by Christopher Lincoln, Ph.D., this modern manufacturing facility opened in 2012 for the purpose of identifying, screening, synthesizing and manufacturing molecular drugs for clinical trials.

THE LESLIE & SUSAN GONDA (GOLDSCHMIED) DIABETES & GENETIC RESEARCH CENTER
Housing City of Hope’s comprehensive diabetes research and treatment services, it is also home to programs that integrate research into metabolic disease and other related conditions. This 41,000 square foot facility is also home to the Diabetes Research Center at City of Hope, which serves as an administrative hub for City of Hope’s comprehensive diabetes-related activities, including the islet cell transplantation program.

THE MILLER FAMILY TRANSLATIONAL TECHNOLOGIES CENTER
Under the direction of David L. DiGiusto, Ph.D., research professor, Department of Virology, the center partners with the Center for Biomedicine & Genetics to genetically modify and manufacture T cell therapeutics and develop cell-based cancer therapies for first-in-human trials.
SHARED SERVICES
City of Hope’s shared (or “core”) resources offer investigators on-site and affordable access to specialized technical support and state-of-the-art equipment in 20 fields, including Analytical Pharmacology, Bioinformatics, Cytogenetics and Nuclear Magnetic Resonance. Having these services on campus spares clinicians and researchers from having to acquire equipment — and the experts to use it — for their own labs, enabling them to focus their resources and attention on advancing new treatments.

PATENT, REGULATORY, AND RESEARCH SUPPORT
Bringing innovative treatments to clinical trial, and thereby to the public, requires significant regulatory, patent and statistical support. The Office of IND Development and Regulatory Affairs, the Office of Technology Licensing and the Department of Research Information Sciences exist to support researchers and clinicians in these areas, freeing them to focus their time and attention on moving medicine forward.

HELFORD CLINICAL RESEARCH HOSPITAL
Effective facilitation of clinical trials is essential to bringing new therapies to patients without delay. Last year alone, City of Hope conducted more than 300 studies enrolling almost 5,000 patients. The staff and resources of this 144-bed hospital serve an essential role in these trials, and in City of Hope’s translational research model overall, by ensuring that clinical trials are smoothly and expertly run, and by fostering collaboration between clinical caregivers and research teams.
YEAR IN REVIEW

City of Hope celebrated its centennial anniversary, heralding in the next century of care, discovery and progress. We are inspired by the accomplishments of our past and look forward to the next 100 years and the possibilities they bring.
To kick off City of Hope’s centennial celebrations, the institution’s 42nd Tournament of Roses parade entry, titled ‘Journey to a Cure,’ carried five cancer survivors, all former City of Hope patients whose combined survival since diagnosis totaled 100 years. The laboratory-themed float represented City of Hope’s strides in research and treatment of life-threatening diseases over the last 100 years and its quest for cures in the next century.

Almost 600 volunteer fundraisers from around the country visited City of Hope to take part in a celebration of the institution, its centennial and their own commitment to our mission.
City of Hope is recognized across the country and around the world for its excellence in research and patient care.

City of Hope’s designation as comprehensive cancer center was renewed, marking the institution’s 30th year with a National Cancer Institute (NCI) designation. The recognition is the highest level granted by the NCI, part of the National Institutes of Health, awarded only to those institutions with world-class, state-of-the-art programs in multidisciplinary cancer research. City of Hope is one of 41 comprehensive cancer centers.

The institution earned two prestigious Press Ganey Awards for top-quality patient care — its fifth consecutive year of being honored by the health care industry’s leading performance-improvement firm. Recognized with both the Guardian of Excellence and the Beacon of Excellence Award, City of Hope was one of only 26 institutions in the nation recognized for patient satisfaction.

The most recent, ninth, edition of America’s Top Doctors for Cancer featured 32 City of Hope physicians. The book is a consumer guide to the country’s top cancer specialists across 49 cancer specialties and subspecialties. Numerous City of Hope physicians have appeared in the first eight editions of the book. Doctors were selected through nationwide surveys of physicians, and hospital and medical center leaders.

City of Hope received CEO Cancer Gold Standard accreditation, recognizing the organization’s extraordinary commitment to the health of its employees and their families. The CEO Cancer Gold Standard calls for companies to evaluate their health benefits and corporate culture and take extensive, concrete actions in five key areas of health and wellness to fight cancer in the workplace.
ACCOMPLISHMENTS

In May, two bone marrow transplant recipients — a Simi Valley boy who just turned 8, and a 63-year-old Woodland Hills man whose parents were Holocaust survivors — met the donors who saved their lives. The event was the emotional highlight of the 37th annual “Celebration of Life” Bone Marrow Transplant Reunion.

EXPANDING INTO THE COMMUNITY

In an effort to increase access to our uniquely patient-centered care, City of Hope has expanded its services. With more people than ever impacted by cancer, both patients and their families will benefit from receiving high-quality treatment close to home at City of Hope Medical Foundation-operated clinics.

In November, City of Hope opened the second such location. City of Hope | Antelope Valley Cancer and Community Education Center opened in partnership with Antelope Valley Hospital. The full-service cancer center offers a range of diagnostic and treatment services.

At community practice clinics, Southern California residents have convenient access to City of Hope’s renowned level of care.

This year marked the 20th anniversary of the Irell & Manella Graduate School of Biological Sciences at City of Hope. For a small, independent institution its reach is impressive. The school has ushered more than 90 students into careers in academia and industry throughout the U.S. at institutions such as Genentech Inc., the Burnham Institute in La Jolla, Calif., Howard Hughes Medical Institute at the University of California, San Francisco, and New England Biolabs Inc. Joining the graduates at the commencement ceremony was entrepreneur, philanthropist and longtime City of Hope supporter, Bernard “Bernie” Marcus who received an honorary Doctor of Science degree.
For over 100 years, City of Hope has counted on the generosity of its supporters to help fuel its mission. Because of their commitment, City of Hope has thrived. In 2013, individual donors, foundations, corporations and volunteers helped the institution further advance discovery and carry us into our second century. Our generous supporters contributed nearly $129 million in 2013.
The Power of Hope campaign, launched publicly in 2010, aimed to raise $1 billion by City of Hope's 100th anniversary. At the campaign's culmination, its unified efforts to build City of Hope's endowment, fund capital projects and raise funds for research exceeded the $1 billion goal.

MAJOR GIFTS

Discoveries like those outlined in this year’s report are made possible by the generosity and commitment of our donors. Every donor makes a difference and helps get us closer to cures.

An anonymous gift of $41 million — the largest gift in City of Hope history — will be used to support diabetes research and further the progress that has been made over the last four decades by our researchers.

During his lifetime, Leonard Muskin was a successful business person with significant investments in real estate. When he began to structure his estate plan, he sought counsel from his CPA, John Saunders. Saunders has had a long history with City of Hope; his parents had been chapter members and had made significant gifts in support of the institution over the years. Muskin — who had no children — planned to leave his entire estate to charity. With Saunder’s guidance and Muskin’s philanthropic spirit, one third of that estate — greater than $8 million — has come to City of Hope.

A $3 million gift from the A. Gary Anderson Family foundation will support molecular medicine research under the direction of David Horne, Ph. D., chair and professor, Department of Molecular Medicine. The funds will support research efforts and lab operations at City of Hope’s Chemical GMP Synthesis Facility.

Dwight J. “Jim” and Judy Baum made a $1 million gift to fund the Baum Family Thoracic Oncology Laboratory, which supports the research of Dan J. Raz, M.D., co-director, Lung Cancer and Thoracic Oncology Program. Jim and his daughter Lauren have both been patients at City of Hope, and their generous support is in recognition of the care they received.

Internet-publishing entrepreneurs Emmet and Toni Stephenson and their daughter, Tessa Stephenson Brand generously donated $1 million in support of lymphoma research and treatment at City of Hope. Their gift was inspired by Toni’s own journey as she faced and beat lymphoma following treatment at City of Hope.

City of Hope received a $1 million gift which established the Dr. Norman & Melinda Payson Professorship in Medicine, which will support the office of the institution’s chief medical officer, Alexandra Levine, M.D., M.A.C.P. In 2014, Norman Payson, M.D., was selected as the chair of the City of Hope board of directors. He and his wife, Melinda, have supported numerous City of Hope programs through their private foundation.

A major gift from the Arthur and Rosalie Kaplan family launched construction of a new pavilion at City of Hope. The pavilion, named in the family’s honor, the Arthur & Rosalie Kaplan Family Pavilion, will have two individual structures joined by a central courtyard; this modern centerpiece will include a concert venue, multimedia, conference and presentation rooms, exhibit spaces and outdoor areas.
PLANNED GIFTS

Many generous donors support City of Hope’s mission by including the institution in their estate plan. Planned gifts, such as bequests, annuities and charitable trusts, accounted for over $23 million. Their legacy supports the future of discovery.

A $6.25 million gift from the estate of Billy and Audrey L. Wilder created two professorships for City of Hope researchers, along with the Wilder Archives Recognition Gallery at City of Hope. Hua Yu, Ph.D., the Billy and Audrey L. Wilder Professor in Tumor Immunotherapy, and Peter P. Lee, M.D., the Billy and Audrey L. Wilder Professor in Cancer Immunotherapeutics, are working to develop different types of therapies to fight cancer. The Wilder Archives Recognition Gallery will serve as a visual guide that showcases the past and present generosity shown by donors since City of Hope’s founding in 1913, generosity that has made this remarkable institution and its accomplishments possible.

A $2 million gift from the estate of M.T and B.A. Ahmadinia has created a professorship in molecular oncology for City of Hope, held by Linda Malkas, Ph.D., associate chair, Department of Molecular and Cellular Biology, and deputy director of basic research.

FOUNDATION SUPPORT

City of Hope’s relationships with generous charitable foundations continued to yield important support.

A $3 million gift from the Argyros Foundation will build and maintain the “Argyros Family Garden of Hope” providing a beautiful and serene place — in the heart of the medical center — for patients and their loved ones to find respite during their difficult journey.

A $2.5 million grant from The Marcus Foundation will support the efforts by City of Hope scientist Hua Yu, Ph.D., and her colleagues to test an innovative treatment for brain tumors and lymphomas. The therapy works through a two-part process that simultaneously takes apart the tumors’ support network while stimulating the immune system to attack the cancerous cells.

A $2.5 million commitment from the foundation of Patrick Soon-Shiong, M.D., and his wife, Michele Chan, will be used to create the Chan Soon-Shiong Shapiro Distinguished Chair in Diabetes at City of Hope. The pledge, which will be used to enhance the scientific core and capacity of the Diabetes Research Center at City of Hope by recruiting a nationally acclaimed leader in the field of diabetes research, was given in honor of Annette and Leonard Shapiro, longtime friends and supporters of groundbreaking diabetes research and of City of Hope.

The W. M. Keck Foundation awarded a three-year, $1 million grant to City of Hope scientists studying newly discovered peptides known as meditopes, which when combined with meditope-enabled antibodies have enormous potential to advance molecular imaging, and detect and treat cancer and other diseases.

Furthering its partnership that began over a quarter century ago, the Arnold and Mabel Beckman Foundation provided over $1.7 million to spur discovery at Beckman Research Institute of City of Hope.
INDUSTRY SUPPORT

Over a century ago, a volunteer group of workers and manufacturers in the garment industry gathered funds to purchase the land on which City of Hope now stands. They were humanitarians whose legacy and vision continue to this day in the form of industry partnerships. Unique among philanthropies, these partnerships are composed of companies and supporters united by industry and the drive to advance City of Hope’s mission to bring new hope to patients everywhere.

In 2013, these groups continued their steadfast support, raising tens of millions of dollars to fuel our research, treatment and education programs.

More than 750 furniture industry notables and celebrities helped raise in excess of $1 million at the National Home Furnishings Industry’s 2013 Spirit of Life® Award Dinner honoring Michael Amini of AICO and Neil Goldberg, Steven Goldberg and Michael Goldberg of Raymour & Flanigan. Spearheaded by Spirit of Life honoree Bob Keller, chairman and CEO of ACCO brands, the National Business Products Industry group raised a record $11.7 million in 2013. The campaign theme “A Century of Hope” celebrated City of Hope’s Centennial in great style, bringing the industry groups 31 year fundraising total to $125 million.

In 2013, the National Insurance Industry Council had Greg Case, CEO of Aon, as its honoree. Aon is the largest insurance entity in the world. Case and the Aon team recorded a record campaign of $2.1 million. The National Professional Salon Industry honored Reuben Carranza, CEO of Wella North America, the Salon Professional Division of P&G. The 2013 campaign titled “Hope Is In Style” raised $850,000 toward diabetes research and treatment at City of Hope.

PUBLIC EVENTS

The 23rd annual Celebrity Softball Challenge presented by Staples was held in Nashville, Tennessee. A who’s who of country music entertainers including Florida Georgia Line, Scotty McCreery, Lauren Alaina and Scott Hamilton raised over $300,000 for cancer research.

Nearly 7,000 walkers joined in Walk for Hope to raise money for women’s cancers research, treatment and education. Together, they met their goal of raising $1 million.
INNOVATIVE PARTNERSHIPS

NORTHERN TRUST OPEN
City of Hope teed off a new partnership with one of the longest running golf tournaments on the PGA Tour. City of Hope is now the official charity of the Northern Trust Open, held at the Riviera Country Club in Pacific Palisades, California, in February.

THINKCURE!
City of Hope is one of two institutions that continue to benefit from the support of ThinkCure! The organization brings together exceptional researchers from City of Hope and Children’s Hospital Los Angeles who work together pursuing research that can quickly improve treatments and outcomes in cancers that affect children and adults.

SHOP FOR GOOD
City of Hope partners with a broad array of brands to help raise funds for its groundbreaking research.
CITIZENS OF HOPE
City of Hope launched its first national awareness campaign in 2013. Celebrity supporters such as Kiefer Sutherland, Alison Sweeney and Laird Hamilton became “Citizens of Hope” by sharing personal stories of how City of Hope has touched their lives, inspiring others to join our cause. The campaign has been featured in national magazines and online publications including O Mag (The Oprah Magazine), Town & Country, Marie Claire, Esquire, Fortune and People Magazine. As Citizens of Hope, supporters, patients and staff enable City of Hope to continue our quest for cures for cancer and other life-threatening diseases.
**SPIRIT OF LIFE HONOREES**

The Spirit of Life® Award is City of Hope’s highest honor. It is given to individuals to celebrate their philanthropy and impact on our mission and our patients. The award is presented to industry, chapter or community leaders and recognizes a lifetime of personal and professional achievement in advancing City of Hope’s lifesaving work. These individuals share a deep commitment to advancing scientific research that will improve treatment for patients everywhere.

<table>
<thead>
<tr>
<th>CRAIG ALLISON</th>
<th>FRANK KAUFMAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plant Construction Company, L.P.</td>
<td>Moss Adams, LLP</td>
</tr>
<tr>
<td>Northern California Real Estate &amp; Construction Council</td>
<td>Apparel Industries Group</td>
</tr>
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<table>
<thead>
<tr>
<th>MICHAEL AMINI</th>
<th>BOB KELLER</th>
</tr>
</thead>
<tbody>
<tr>
<td>AICO</td>
<td>ACCO Brands</td>
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<tr>
<td>National Home Furnishings Industry</td>
<td>National Business Products Industry</td>
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<tr>
<th>REUBEN CARRANZA</th>
<th>ROBERT LIGHT</th>
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<tbody>
<tr>
<td>Wella North America</td>
<td>Creative Artists Agency</td>
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<tr>
<td>National Professional Salon Industry</td>
<td>Music and Entertainment Industry</td>
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<tr>
<th>GREG CASE</th>
<th>CARMEN MARC VALVO</th>
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</thead>
<tbody>
<tr>
<td>AON</td>
<td>East End Chapter/</td>
</tr>
<tr>
<td>National Insurance Industry Council</td>
<td>Jeanne Kaye League</td>
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<table>
<thead>
<tr>
<th>JOE DEANGELO</th>
<th>ED MEYERS</th>
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</thead>
<tbody>
<tr>
<td>HD Supply</td>
<td>The Royal Group</td>
</tr>
<tr>
<td>Hardware/Homebuilding Industry</td>
<td>Greater Chicago Packing Council</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>MARK DEWALT</th>
<th>WAYNE RATKOVICH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valerio Dewalt Train</td>
<td>The Ratkovich Company</td>
</tr>
<tr>
<td>Chicago Construction and Real Estate Council</td>
<td>Los Angeles Real Estate &amp; Construction Industries Council</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MICHAEL GOLDBERG</th>
<th>KEVIN SULLIVAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEIL GOLDBERG</td>
<td>Wells Fargo Capital Finance</td>
</tr>
<tr>
<td>STEVEN GOLDBERG</td>
<td>Apparel Industries Group</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BRYAN KALTENBACH</th>
<th>RICK VAN HORNE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food 4 Less</td>
<td>Corrugated Supplies</td>
</tr>
<tr>
<td>Southern California Food Industries Circle</td>
<td>Greater Chicago Packing Council</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GEORGIA WITKIN, PH.D.</th>
<th>LARRY WEB</th>
</tr>
</thead>
<tbody>
<tr>
<td>East End Chapter/</td>
<td>The New Home Company</td>
</tr>
<tr>
<td>Jeanne Kaye League</td>
<td>Construction Industries Alliance</td>
</tr>
</tbody>
</table>

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CITY OF HOPE
BOARD OF DIRECTORS
Sheri J. Biller, Chair of the Board (2010 to 2013)
Randolph P. Beatty, Ph.D.
John M. Boushy
Alexander L. Cappello
Robert A. Cook
Rodney C. Freeman
Eddy W. Hartenstein
Selwyn Isakov
Michael E. Keane
Harry Levitt
Jody Horowitz Marsh
Norman C. Payson, M.D., Vice Chair (Chair as of 1-2014)
Terry R. Peets
Anthony E. Scott
William C. Scott
Ronald J. Silverman

Chairs Emeritus
Philip L. Engel
Meyer E. Hersch
Gil N. Schwartzberg
Jack R. Suzar
Richard S. Ziman

Emeritus and Honorary Directors
Israel J. Freeman
Robbin L. Itkin
Michael B. Kaplan
Stephen B. Kass
Sidney Kline
Jacqueline B. Kosecoff, Ph.D.
Mark Levey
Claire L. Rothman
Joseph P. Sanford
Ernie C. So
Stephan E. Tow

NATIONAL MEDICAL CENTER
BOARD OF DIRECTORS
William C. Scott, Chair (2011 to 2013)
Randolph P. Beatty (Chair as of 9-2013)
Vincent Chung, M.D.
Frederic W. Grannis, M.D.
Donald Hoffman
Jody Horowitz Marsh
Jacqueline B. Kosecoff, Ph.D.
Richard B. Myers
Leslie Popplewell, M.D.
Claire L. Rothman
Iris Rothstein
Ernie C. So
Mark Wakabayashi, M.D., M.P.H.

BECKMAN RESEARCH INSTITUTE
BOARD OF DIRECTORS
Jody Horowitz Marsh, Chair
Benham Badie, M.D.
Gary E. Freedman
Linda Malkas, Ph.D.
Art Nemiroff
John J. Rossi, Ph.D.
Iris Rothstein
Ernie C. So

CITY OF HOPE
MEDICAL FOUNDATION
BOARD OF DIRECTORS
Norman C. Payson, M.D., Chair
William Boswell, M.D.
Stephen Forman, M.D.
Michael A. Friedman, M.D.
Alexandra Levine, M.D., M.A.C.P.
Robert W. Stone
Jeffrey Wong, M.D.
## PATIENT INFORMATION

For fiscal years beginning October 1 and ending September 30

<table>
<thead>
<tr>
<th>(amounts in thousands)</th>
<th>2013</th>
<th>%</th>
<th>2012</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Charges for Patient Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare</td>
<td>$ 751,446</td>
<td>30.8%</td>
<td>$685,068</td>
<td>31.4%</td>
</tr>
<tr>
<td>Indemnity insurance</td>
<td>26,474</td>
<td>1.1%</td>
<td>16,176</td>
<td>0.7%</td>
</tr>
<tr>
<td>Managed care contracts</td>
<td>1,294,794</td>
<td>53.2%</td>
<td>1,104,876</td>
<td>50.6%</td>
</tr>
<tr>
<td>Subsidized care</td>
<td>363,225</td>
<td>14.9%</td>
<td>377,924</td>
<td>17.3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$2,435,939</td>
<td>100.00%</td>
<td>$2,184,044</td>
<td>100.00%</td>
</tr>
<tr>
<td><strong>Patients Treated</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients treated during year</td>
<td>24,714</td>
<td></td>
<td>23,653</td>
<td></td>
</tr>
<tr>
<td>Admissions</td>
<td>5,997</td>
<td></td>
<td>6,187</td>
<td></td>
</tr>
<tr>
<td>Adjusted patient days</td>
<td>115,237</td>
<td></td>
<td>111,970</td>
<td></td>
</tr>
<tr>
<td>Outpatient and Infusion visits</td>
<td>196,756</td>
<td></td>
<td>181,793</td>
<td></td>
</tr>
<tr>
<td>Bone marrow transplants</td>
<td>607</td>
<td></td>
<td>549</td>
<td></td>
</tr>
</tbody>
</table>
CITY OF HOPE AND AFFILIATES
COMBINED STATEMENTS OF FINANCIAL POSITION
September 30, 2013 and 2012

(amounts in thousands)

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$ 129,384</td>
<td>$78,509</td>
</tr>
<tr>
<td>Investments</td>
<td>555,499</td>
<td>483,468</td>
</tr>
<tr>
<td>Patient accounts receivable, less allowances for uncollectible accounts of $8,513 in 2013 and $12,557 in 2012</td>
<td>164,038</td>
<td>130,961</td>
</tr>
<tr>
<td>Grants and other receivables</td>
<td>34,211</td>
<td>35,923</td>
</tr>
<tr>
<td>Donor restricted unconditional promises to give, net</td>
<td>19,545</td>
<td>12,938</td>
</tr>
<tr>
<td>Prepaid and other</td>
<td>16,023</td>
<td>18,067</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td>918,700</td>
<td>759,866</td>
</tr>
<tr>
<td><strong>Property, plant and equipment, net of accumulated depreciation of $531,705 in 2013 and $478,955 in 2012</strong></td>
<td>632,118</td>
<td>600,226</td>
</tr>
<tr>
<td><strong>Other Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investments</td>
<td>354,404</td>
<td>8,421</td>
</tr>
<tr>
<td>Board designated investments</td>
<td>592,755</td>
<td>523,640</td>
</tr>
<tr>
<td>Bond trust funds</td>
<td>32,532</td>
<td>12,320</td>
</tr>
<tr>
<td>Donor restricted assets</td>
<td>309,633</td>
<td>190,175</td>
</tr>
<tr>
<td>Other assets</td>
<td>60,802</td>
<td>59,364</td>
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<tr>
<td><strong>Total other assets</strong></td>
<td>1,350,126</td>
<td>793,920</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>$2,900,944</td>
<td>$2,154,012</td>
</tr>
<tr>
<td><strong>Liabilities and Net Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>$ 142,726</td>
<td>$144,770</td>
</tr>
<tr>
<td>Long-term debt, current portion and accrued interest</td>
<td>72,216</td>
<td>13,540</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>214,942</td>
<td>158,310</td>
</tr>
<tr>
<td><strong>Long-term debt, net of current portion and unamortized discount of $4,460 and premium of $28,370 as of September 30, 2013, and unamortized discount of $1,360 as of September 30, 2012</strong></td>
<td>611,486</td>
<td>239,631</td>
</tr>
<tr>
<td><strong>Annuity and Split-Interest Agreement Obligations</strong></td>
<td>17,345</td>
<td>18,133</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>33,404</td>
<td>37,687</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>877,177</td>
<td>453,761</td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>1,711,386</td>
<td>1,445,433</td>
</tr>
<tr>
<td>Restricted</td>
<td>312,381</td>
<td>254,818</td>
</tr>
<tr>
<td><strong>Total net assets</strong></td>
<td>2,023,767</td>
<td>1,700,251</td>
</tr>
<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
<td>$2,900,944</td>
<td>$2,154,012</td>
</tr>
</tbody>
</table>
# CITY OF HOPE AND AFFILIATES
## COMBINED STATEMENTS OF ACTIVITIES

(amounts in thousands)

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenues</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net patient service revenues</td>
<td>$ 777,694</td>
<td>$ 737,359</td>
</tr>
<tr>
<td>Contributions and net special event revenues</td>
<td>128,308</td>
<td>95,359</td>
</tr>
<tr>
<td>Royalties and research grants</td>
<td>330,319</td>
<td>301,802</td>
</tr>
<tr>
<td>Other</td>
<td>87,312</td>
<td>59,033</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td>1,323,633</td>
<td>1,193,553</td>
</tr>
</tbody>
</table>

| **Expenses**       |        |        |
| Program services   | 865,712 | 819,249 |
| Supporting services | 202,543 | 197,795 |
| **Total expenses** | 1,068,255 | 1,017,044 |
| Operating income   | 255,378 | 176,509 |
| Change in net unrealized gain on investments | 68,138 | 89,489 |
| **Change in net assets** | 323,516 | 265,998 |
| Net Assets, beginning of year | 1,700,251 | 1,434,253 |
| **Net Assets, end of year** | $2,023,767 | $1,700,251 |
CITY OF HOPE AND AFFILIATES
COMBINED STATEMENTS OF CASH FLOW

(amounts in thousands)

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash Flows from Operating Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changes in net assets</td>
<td>$ 323,516</td>
<td>$ 265,998</td>
</tr>
<tr>
<td>Adjustments to reconcile changes in net assets to net cash provided by operating activities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>58,937</td>
<td>56,118</td>
</tr>
<tr>
<td>Net change in operating investments</td>
<td>(518,763)</td>
<td>(221,817)</td>
</tr>
<tr>
<td>Other changes in operating assets and liabilities</td>
<td>(70,477)</td>
<td>(69,542)</td>
</tr>
<tr>
<td>Total adjustments</td>
<td>(530,303)</td>
<td>(235,241)</td>
</tr>
<tr>
<td>Net cash (used in) provided by operating activities</td>
<td>(206,787)</td>
<td>30,757</td>
</tr>
</tbody>
</table>

| **Cash Flows from Investing Activities** |           |           |
| Proceeds from sales of property, plant and equipment | 1,012     | 2,609     |
| Additions to property, plant and equipment | (86,663)  | (72,495)  |
| Acquisition of other long-term assets | 0         | 0         |
| Change in investments and other | (92,202)  | 27,984    |
| Net cash used in investing activities | (177,853) | (41,902)  |

| **Cash Flows from Financing Activities** |           |           |
| Net cash provided by financing activities | 435,515   | 9,069     |
| Net increase (decrease) in cash and cash equivalents | 50,875    | (2,076)   |
| Cash and Cash Equivalents, beginning of year | 78,509    | 80,585    |
| **Cash and Cash Equivalents, end of year** | $129,384  | $78,509   |
The annual report is also available online at www.AnnualReport2013.CityofHope.org