

PUBLIC DISCLOSURE COPY

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.**2024****Open to Public Inspection**

A For the 2024 calendar year, or tax year beginning 10/01 , 20 24 , and ending 09/30 , 20 25		
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization SOUTHEASTERN REGIONAL MEDICAL CENTER, INC. Doing business as CITY OF HOPE ATLANTA Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1500 EAST DUARTE ROAD City or town, state or province, country, and ZIP or foreign postal code DUARTE, CA 91010	D Employer identification number 26-4572436 E Telephone number (626) 256-4673 G Gross receipts \$ 304,895,689
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527	F Name and address of principal officer: JONATHAN WATKINS SAME AS C ABOVE	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.
J Website: CANCERCENTER.COM/LOCATIONS/ATLANTA	H(c) Group exemption number	
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other	L Year of formation: 2022	M State of legal domicile: GA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE COMPASSIONATE MEDICAL CARE TO PEOPLE WITH CANCER, DIABETES AND OTHER LIFE-THREATENING ILLNESSES AND TRANSFORMING THE FUTURE OF CANCER CARE BY UNIFYING THE BRANCHES OF BIOMEDICAL RESEARCH, TREATMENT AND ACADEMIA.		
	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	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	905
	6	Total number of volunteers (estimate if necessary)	6	9
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	247,731,153	303,216,766
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,080	(107,652)
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,550,166	1,786,575
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	251,304,399	304,895,689
	14	Benefits paid to or for members (Part IX, column (A), line 4)	2,188,311	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	94,001,016	117,346,700
	b	Total fundraising expenses (Part IX, column (D), line 25)	0	0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	183,141,411	214,229,545
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	279,330,738	331,576,245
19	Revenue less expenses. Subtract line 18 from line 12	(28,026,339)	(26,680,556)	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	190,956,636	132,457,126
	22	Net assets or fund balances. Subtract line 21 from line 20	27,955,104	59,417,240
			163,001,532	73,039,886

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			
	YVETTE TREMONTI, TREASURER & CFO				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	KARA ADAMS		07/23/2026		P00023315
	Firm's name ERNST & YOUNG US LLP	Firm's EIN 34-6565596			
	Firm's address 18101 VON KARMAN AVENUE, IRVINE, CA 92612	Phone no. (949) 794-2300			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2024)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

(SEE ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 282,995,431 including grants of \$ 0) (Revenue \$ 303,216,766)

PATIENT CARE: CITY OF HOPE ATLANTA PROVIDES ACUTE-CARE MEDICAL SERVICES FOR PATIENTS BEING TREATED FOR SOME FORM OF CANCER, INCLUDING LEUKEMIA AND LYMPHOMA, COLORECTAL, PROSTATE, GYNECOLOGIC AND BREAST CANCERS. ALL PATIENTS TREATED AT CITY OF HOPE ATLANTA BENEFIT FROM THE LATEST TECHNOLOGIES INCLUDING THOSE DERIVED FROM TRANSLATIONAL MEDICINE, ACHIEVED BY COLLABORATION BETWEEN MEMBERS OF THE PATIENT CARE TEAMS AND THE SCIENTIFIC AND BENCH RESEARCH ACTIVITIES PERFORMED THROUGHOUT THE ORGANIZATION. CITY OF HOPE ATLANTA PROVIDES FOR SERVICES THROUGH CHARITY CARE ASSISTANCE FOR PATIENTS MEETING CERTAIN FINANCIAL ELIGIBILITY AND CLINICAL CRITERIA AND TO PERSONS WITHOUT INSURANCE OR WHO ARE UNDER-INSURED.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

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

4e Total program service expenses 282,995,431

Part IV Checklist of Required Schedules

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

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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	✓
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	✓
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? <i>If "Yes," complete Schedule L, Part II</i>	26	✓
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? <i>If "Yes," complete Schedule L, Part III</i>	27	✓
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	✓
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	✓
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	✓
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	✓
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	✓
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	38	✓

Part V Statements Regarding Other IRS Filings and Tax Compliance

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



	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
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	905
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
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	✓
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	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
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	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
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?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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	✓
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	✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, 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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed GA

18 Section 6104 requires an organization to make its Forms 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 ☒ Upon request ☐ Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
YVETTE TREMONTI, 1500 EAST DUARTE ROAD, DUARTE, CA 91010, (626) 256-4673

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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, box 6 of 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, and 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			
(1) ROBERT W. STONE COH PRESIDENT & CEO	3.0 57.0				✓			304,282	5,781,368	1,030,210
(2) MARCELLUS R. VAN DEN BRINK, M.D., PH.D. COHNMC PRESIDENT & CHF PHYS EXEC	1.0 59.0					✓		22,000	2,178,032	369,982
(3) HARLAN ALCON LEVINE PRES, HLTH INNOVATION & POLICY	3.0 57.0					✓		110,259	2,094,916	291,670
(4) JO ANN ESCASA-HAIGH CHIEF BUSINESS OFFICER	2.0 58.0					✓		79,606	1,910,543	257,551
(5) DEBRA F. FIELDS EXEC VP & CHIEF TRANSFORMATION OFC	3.0 57.0				✓			96,660	1,836,532	295,329
(6) KEVIN MANEMANN EVP & CHIEF INTEGRATION OFFCR	6.0 54.0				✓			179,004	1,611,035	227,089
(7) KRISTIN BERTELL CHIEF PHILANTHROPY OFFICER	2.0 58.0					✓		45,571	1,335,377	240,476
(8) CRISTIN O'CALLAHAN SECRETARY/GENERAL COUNSEL	3.0 57.0			✓				67,753	1,287,298	250,963
(9) VIJAY TRISAL, M.D. SYSTEM CHIEF CLINICAL OFFICER	2.0 58.0					✓		41,527	1,216,878	131,514
(10) JENNIFER PARKHURST FORMER OFFICER	0.0 0.0						✓	0	1,211,995	38,026
(11) KRISTIN HIGGINS CHIEF CLINICAL OFFICER	60.0 0.0				✓			957,719	0	30,097
(12) YVETTE TREMONTI TREASURER/CHIEF FINANCIAL OFFICER	3.0 57.0			✓				43,207	820,937	88,040
(13) SIMON NAZARIAN CHIEF DIGITAL OFFICER	3.0 57.0				✓			44,844	852,036	38,928
(14) JONATHAN WATKINS MARKET PRESIDENT - ATLANTA	60.0 0.0			✓				647,542	0	95,084

Form **990** (2024)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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			
(15) ANDREW CALDWELL SVP, FINANCE (UNTIL 12/24)	60.0 0.0				✓			478,879	0	15,116
(16) REGINA BRIGMAN-LAKE VP, PATIENT CARE SERVICES	60.0 0.0				✓			291,468	0	32,634
(17) MARK HULSE FORMER CHIEF DIGITAL OFFICER	0.0 0.0						✓	14,885	282,823	15,439
(18) TREVOR BRAND FORMER CHIEF OPERATING OFFICER, SITE	0.0 0.0						✓	181,035	0	19,148
(19) GLENN D. STEELE, JR., M.D., PH.D. DIRECTOR & CHAIR OF THE BOARD	2.0 8.0	✓		✓				0	0	0
(20) BARBARA BRUSER, CFA DIRECTOR	2.0 8.0	✓						0	0	0
(21) MORGAN CHU, ESQ. DIRECTOR	2.0 13.0	✓						0	0	0
(22) PHILIP FASANO DIRECTOR	2.0 8.0	✓						0	0	0
(23) RONALD L. SARGENT DIRECTOR/ VICE CHAIR	2.0 8.0	✓						0	0	0
(24) SELWYN ISAKOW DIRECTOR	2.0 10.0	✓						0	0	0
(25) (SEE PART VII CONTINUATION SHEET)										
1b Subtotal								3,606,241	22,419,770	3,467,296
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								3,606,241	22,419,770	3,467,296
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								127		

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	✓	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		✓

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
(A) Name and business address	(B) Description of services	(C) Compensation
ASD HEALTHCARE, 5025 PLANO PKWY., CARROLLTON, TX 75010	ONCOLOGY-RELATED SERVICES	66,093,884
AMERISOURCEBERGEN DRUG CORP, 1 W. FIRST AVE., CONSHOHOCKEN, PA 19428	PHARMACEUTICAL SERVICES	37,712,463
MEDLINE INDUSTRIES, THREE LAKES DR., NORTHFIELD, IL 60093	MEDICAL SUPPLIES SERVICES	4,030,279
SOUTHEASTERN IMAGING, 981 W. WESLEY RD., N.W., ATLANTA, GA 30327	IMAGING SERVICES	3,714,187
NOVARTIS PHARMACEUTICALS CORP, 1 HEALTH PLAZA, EAST HANOVER, NJ 07936	PHARMACEUTICAL SERVICES	3,135,386
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		
107		

Part VIII Statement of RevenueCheck 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					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f			0			
Program Service Revenue				Business Code				
	2a	NET PATIENT REVENUE		621110	302,696,222	302,696,222		
	b	OTHER EXEMPT FUNCTION REVENUE		621110	520,544	520,544		
	c							
	d							
	e							
	f	All other program service revenue			0	0	0	
g	Total. Add lines 2a-2f			303,216,766				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			(107,652)			(107,652)
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses	6b	41,283				
	c	Rental income or (loss)	6c	41,283	0			
	d	Net rental income or (loss)			41,283			41,283
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c	0	0			
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	c	Net income or (loss) from fundraising events						
	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	CAFETERIA SALES		900099	1,200,186		1,200,186	
	b	AETNA		900099	201,564		201,564	
	c	POPULATION HEALTH		900099	145,995		145,995	
	d	All other revenue		900099	197,547	0	197,547	
e	Total. Add lines 11a-11d			1,745,292				
12	Total revenue. See instructions			304,895,689	303,216,766	0	1,678,923	

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	0	0		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	2,943,047	2,378,627	564,420	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	84,876,504	68,598,805	16,277,699	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,985,368	1,604,612	380,756	
9 Other employee benefits	22,649,185	18,305,502	4,343,683	
10 Payroll taxes	4,892,596	3,954,289	938,307	
11 Fees for services (nonemployees):				
a Management				
b Legal	80,168		80,168	
c Accounting				
d Lobbying	308,993		308,993	
e Professional fundraising services. See Part IV, line 17				
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.)	32,153,338	23,172,382	8,980,956	0
12 Advertising and promotion	3,364,591	2,183,132	1,181,459	
13 Office expenses	4,524,180	3,764,908	759,272	
14 Information technology	205,528	133,358	72,170	
15 Royalties				
16 Occupancy	2,053,973	1,332,731	721,242	
17 Travel	7,718,496	5,008,185	2,710,311	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	137,552	89,251	48,301	
20 Interest	5,366,330	4,686,505	679,825	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,059,771	5,617,138	1,442,633	
23 Insurance	1,641,027	1,064,789	576,238	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>PHARMACEUTICALS</u>	113,066,935	110,843,265	2,223,670	
b <u>MEDICAL SUPPLIES & EQUIPMENT</u>	19,739,365	19,351,154	388,211	
c <u>REPAIRS & MAINTENANCE</u>	7,386,150	4,792,541	2,593,609	
d <u>TAXES, LICENSES, AND BUSINESS FEES</u>	7,244,659	4,700,734	2,543,925	
e All other expenses	2,178,489	1,413,523	764,966	0
25 Total functional expenses. Add lines 1 through 24e	331,576,245	282,995,431	48,580,814	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	485,625	1	1,629,696
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	30,169,349	4	33,913,450
	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	0	5	0
	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)	0	6	0
	7 Notes and loans receivable, net	0	7	23,199
	8 Inventories for sale or use	5,430,972	8	4,818,740
	9 Prepaid expenses and deferred charges	1,138,965	9	1,785,528
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 99,407,394		
	b Less: accumulated depreciation	10b 17,673,473	10c	81,733,921
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	75,345,710	15	8,552,592
16 Total assets. Add lines 1 through 15 (must equal line 33)	190,956,636	16	132,457,126	
Liabilities	17 Accounts payable and accrued expenses	22,551,620	17	30,752,804
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to 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	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	166,280	24	4,136,636
	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	5,237,204	25	24,527,800
	26 Total liabilities. Add lines 17 through 25	27,955,104	26	59,417,240
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	163,001,532	27	73,039,886
	28 Net assets with donor restrictions	0	28	0
	Organizations that do not follow FASB ASC 958, check here ☐ 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	163,001,532	32	73,039,886
33 Total liabilities and net assets/fund balances	190,956,636	33	132,457,126	

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Part XI Reconciliation of Net AssetsCheck 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	304,895,689
2	Total expenses (must equal Part IX, column (A), line 25)	2	331,576,245
3	Revenue less expenses. Subtract line 2 from line 1	3	(26,680,556)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	163,001,532
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	(63,281,090)
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	73,039,886

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain 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. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		✓
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		✓
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 on Schedule O and describe any steps taken to undergo such audits.		

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(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			
(25) STEVEN B. FINK ----- DIRECTOR	2.0 ----- 12.0	✓						0	0	0
(26) SUZANNE VAUTRINOT ----- DIRECTOR	2.0 ----- 8.0	✓						0	0	0
(27) WILLIAM J. POST ----- DIRECTOR	2.0 ----- 8.0	✓						0	0	0

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

2024

Open to Public
Inspection

Name of the organization

SOUTHEASTERN REGIONAL MEDICAL CENTER, INC.

Employer identification number

26-4572436

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)(vii)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 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 33¹/₃% 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 33¹/₃% 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

SOUTHEASTERN REGIONAL MEDICAL CENTER, INC.
- 26-4572436

Cat. No. 11285F

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Schedule A (Form 990) 2024

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33¹/₃% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization ☐		
b 33¹/₃% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization ☐		
17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐		
b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

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

(Complete only if you checked the box on line 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) . . .	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%
19a 33¹/₃% support tests—2024. 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 33¹/₃% support tests—2023. 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, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

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?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

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

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)? 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).		
1		

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?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental 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? 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.			
2a			
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? 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.			
2b			
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? If "Yes" or "No," provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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):		
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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2024

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 (prior IRS approval required—provide details in Part VI)	5	
6	Other distributions (describe in Part VI). 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 (provide details in Part VI). See instructions.	8	
9	Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020 . . .			
b Excess from 2021 . . .			
c Excess from 2022 . . .			
d Excess from 2023 . . .			
e Excess from 2024 . . .			

Schedule A (Form 990) 2024

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.)

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

2024

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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 organization

SOUTHEASTERN REGIONAL MEDICAL CENTER, INC.

Employer identification number (EIN)

26-4572436

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

- Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- Political campaign activity expenditures. See instructions \$
- Volunteer hours for political campaign activities. See instructions

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

- Enter the amount of any excise tax incurred by the organization under section 4955 \$
- Enter the amount of any excise tax incurred by organization managers under section 4955 \$
- 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).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
- Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
- Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- Enter the names, addresses, and EINs 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)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 50084S

Schedule C (Form 990) 2024

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 (grassroots 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.														
<table><thead><tr><th>IF the amount on line 1e, column (a) or (b) is:</th><th>THEN the lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>not over \$500,000</td><td>20% of the amount on line 1e.</td></tr><tr><td>over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000.</td></tr><tr><td>over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000.</td></tr><tr><td>over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000.</td></tr><tr><td>over \$17,000,000</td><td>\$1,000,000.</td></tr></tbody></table>		IF the amount on line 1e, column (a) or (b) is:	THEN 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.		
IF the amount on line 1e, column (a) or (b) is:	THEN 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) 2021	(b) 2022	(c) 2023	(d) 2024	(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					

Schedule C (Form 990) 2024

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?		✓	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?		✓	
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i Other activities?	✓		308,993
j Total. Add lines 1c through 1i			308,993
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		✓	
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 campaign activity 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 expenditures 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.

[SEE NEXT PAGE](#)

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 - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	CITY OF HOPE ATLANTA LOBBIED AS FOLLOWS FOR THE 2025 SESSION OF THE GEORGIA GENERAL ASSEMBLY: - LOBBIED THE CHAIRMAN OF THE HOUSE HEALTH COMMITTEE AND THE SPEAKER OF THE HOUSE TO HAVE DR. HIGGINS, OUR CHIEF CLINICAL OFFICER, APPOINTED TO THE HOUSE STUDY COMMITTEE ON ACCESS TO CANCER CARE; - LOBBIED THE SENATE HEALTH COMMITTEE IN SUPPORT OF SB 367; - LOBBIED THE HOUSE APPROPRIATIONS SUB COMMITTEE ON HEALTH IN SUPPORT OF ADDITIONAL PUBLIC HEALTH FUNDING FOR SCREENING FOR COLORECTAL CANCER; - LOBBIED THE HOUSE PUBLIC HEALTH COMMITTEE IN SUPPORT OF HB 371; AND - LOBBIED IN SUPPORT OF SB 220.

SCHEDULE D
(Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

SOUTHEASTERN REGIONAL MEDICAL CENTER, INC.

Employer identification number

26-4572436

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 (for example, recreation or education) ☐ Preservation of a 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.	
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 on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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 make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other

c ☐ Preservation for future generations

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.

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment _____%

b Permanent endowment _____%

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? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

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

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		8,220,000		8,220,000
b Buildings		31,264,651	1,018,318	30,246,333
c Leasehold improvements		36,870,709	4,644,753	32,225,956
d Equipment		19,837,078	12,010,402	7,826,676
e Other		3,214,956	0	3,214,956
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				81,733,921

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

Part VIII Investments—Program Related

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

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

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	4,112,500
(2) RIGHT-OF-USE FINANCE LEASE	3,729,678
(3) RIGHT-OF-USE OPERATING LEASE	710,414
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	8,552,592

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	0
(2) DUE TO AFFILIATES	17,703,348
(3) OTHER LIABILITIES	3,514,743
(4) ESTIMATED THIRD-PARTY PAYOR SETTLEMENT	2,598,792
(5) RIGHT-OF-USE OP. LEASE LIABILITY	710,917
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	24,527,800

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 FASB 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.

[SEE STATEMENT](#)

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 - Identifier	Explanation
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	THE FOLLOWING PARAGRAPH IS FROM THE CITY OF HOPE CONSOLIDATED AUDITED FINANCIAL STATEMENTS AS OF SEPTEMBER 30, 2025 (WHICH INCLUDES CITY OF HOPE, CITY OF HOPE NATIONAL MEDICAL CENTER (THE "CENTER"), CITY OF HOPE MEDICAL FOUNDATION (THE "FOUNDATION"), AND BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE (THE "INSTITUTE") (COLLECTIVELY, THE "OBLIGATED GROUP"); THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE AND ITS AFFILIATES ("TGEN"); SOUTHERN CALIFORNIA RADIATION ONCOLOGY, LLC ("SCRO"); ACCESSHOPE, LLC ("AH"); STEPHENSON GLOBAL PANCREATIC CANCER RESEARCH INSTITUTE, LLC; COH PROPERTY HOLDINGS OC, LLC; COH PROPERTY MANAGEMENT OC, LLC; AND COH HOLDCO INC. ("HOLDCO"), THE PARENT OF CANCER TREATMENT CENTERS OF AMERICA ENTITIES ("CTCA ENTITIES") (COLLECTIVELY, THE "AFFILIATED GROUP"). THESE ENTITIES REPRESENT THE CONSOLIDATED CITY OF HOPE ORGANIZATION (COLLECTIVELY REFERRED TO AS "CITY OF HOPE"). CITY OF HOPE IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) AS DESCRIBED IN SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE. CITY OF HOPE, THE CENTER, THE FOUNDATION, AND THE INSTITUTE ARE EXEMPT FROM CALIFORNIA STATE FRANCHISE AND INCOME TAX UNDER SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE. ASC 740, INCOME TAXES, CLARIFIES THE ACCOUNTING FOR INCOME TAXES BY PRESCRIBING A MINIMUM RECOGNITION THRESHOLD THAT A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS. ASC 740 ALSO PROVIDES GUIDANCE ON DE-RECOGNITION, MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE, AND TRANSITION. THE GUIDANCE CONTAINED IN ASC 740 IS APPLICABLE TO PASS-THROUGH ENTITIES AND TAX-EXEMPT ORGANIZATIONS. CITY OF HOPE HAS NO SIGNIFICANT UNCERTAIN TAX POSITIONS OR TAX LIABILITY FOR TAX BENEFITS, INTEREST, OR PENALTIES ACCRUED AS OF SEPTEMBER 30, 2025 OR 2024.

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.

Attach to Form 990.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Name of the organization

SOUTHEASTERN REGIONAL MEDICAL CENTER, INC.

Employer identification number

26

4572436

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a	✓	
b If "Yes," was it a written policy?	✓	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP to its various hospital facilities during the tax year: ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use federal poverty guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☒ Other <u>225</u> %	✓	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %		✓
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 FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	✓	
5a Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?	✓	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	✓	
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?		✓
6a Did the organization prepare a community benefit report during the tax year?		✓
b If "Yes," did the organization make it available to the public?		

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)			6,505,190		6,505,190	1.96
b Medicaid (from Worksheet 3, column a)			8,834,074	5,175,954	3,658,120	1.10
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0.00
d Total. Financial assistance and means-tested government programs	0	0	15,339,264	5,175,954	10,163,310	3.07
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			4,527,122		4,527,122	1.37
f Health professions education (from Worksheet 5)			2,746,838		2,746,838	0.83
g Subsidized health services (from Worksheet 6)					0	0.00
h Research (from Worksheet 7)			1,745,351	560,038	1,185,313	0.36
i Cash and in-kind contributions for community benefit (from Worksheet 8)			75,750		75,750	0.02
j Total. Other benefits	0	0	9,095,061	560,038	8,535,023	2.57
k Total. Add lines 7d and 7j	0	0	24,434,325	5,735,992	18,698,333	5.64

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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					0	0.00
2 Economic development					0	0.00
3 Community support					0	0.00
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building			323,024		323,024	0.10
7 Community health improvement advocacy					0	0.00
8 Workforce development					0	0.00
9 Other					0	0.00
10 Total	0	0	323,024	0	323,024	0.10

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1**
- 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**
- 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. 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.

	Yes	No
1		✓
2		
3		
4		
5		
6		
7		
8		
9a	✓	
9b	✓	

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME) **5** 39,450,330
- 6 Enter Medicare allowable costs of care relating to payments on line 5 **6** 55,958,379
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) **7** (16,508,049)
- 8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:
- ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

- 9a Did the organization have a written debt collection policy during the tax year? **9a** ✓
- 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** ✓

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group: SOUTHEASTERN REGIONAL MEDICAL CENTER, INC.**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 (CHNA)		
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?	1	✓
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	2	✓
3 During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	3	✓
If "Yes," indicate what the CHNA report describes (check all that apply):		
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>23</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	5	✓
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	✓
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	6b	✓
7 Did the hospital facility make its CHNA report widely available to the public?	7	✓
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a ☒ Hospital facility's website (list url): <u>(SEE STATEMENT)</u>		
b ☐ Other website (list url): _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ 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	8	✓
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>23</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	✓
a If "Yes," list url: <u>CITYOFHOPE.ORG/LOCATIONS/ATLANTA/ATLANTA-CANCER-CENTER</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)?	12a	✓
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to 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)**Name of hospital facility or letter of facility reporting group: SOUTHEASTERN REGIONAL MEDICAL CENTER, INC.

	Yes	No
Did the hospital facility have in place during the tax year a written FAP 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 ✓	
a ☒ FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>2 2 5</u> % for eligibility for discounted care of — — — %		
b ☐ Income level other than FPG (describe in Section C)		
c ☐ Asset level		
d ☐ Medical indigency		
e ☒ Insurance status		
f ☒ Underinsurance status		
g ☒ Residency		
h ☐ Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 ✓	
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 ✓	
a ☒ Described the information the hospital facility may require an individual to provide as part of their application		
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e ☐ 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 ✓	
a ☒ The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
b ☒ The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
c ☒ A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f ☒ 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 ☒ 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 ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations		
j ☐ Other (describe in Section C)		

Schedule H (Form 990) 2024

Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: SOUTHEASTERN REGIONAL MEDICAL CENTER, INC.

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 ✓	
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 ☐ Reporting to credit agency(ies)		
b ☐ Selling an individual's debt to another party		
c ☐ 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 ☐ Actions that require a legal or judicial process		
e ☐ Other similar actions (describe in Section C)		
f ☒ 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?	19	✓
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a ☐ Reporting to credit agency(ies)		
b ☐ Selling an individual's debt to another party		
c ☐ 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 ☐ Actions that require a legal or judicial process		
e ☐ Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) on line 19 (check all that apply):		
a ☐ Provided a written notice about upcoming extraordinary collection actions (ECAs) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)		
d ☒ Made presumptive eligibility determinations (if not, describe in Section C)		
e ☐ Other (describe in Section C)		
f ☐ 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 FAP?	21 ✓	
If "No," indicate why:		
a ☐ The hospital facility did not provide care for any emergency medical conditions		
b ☐ The hospital facility's policy was not in writing		
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d ☐ Other (describe in Section C)		

Schedule H (Form 990) 2024

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)****Name of hospital facility or letter of facility reporting group:** SOUTHEASTERN REGIONAL MEDICAL CENTER, INC.

	Yes	No
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?	23	✓
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?	24	✓
If "Yes," explain in Section C.		

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Supplemental Information. 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.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED	FACILITY NAME: SOUTHEASTERN REGIONAL MEDICAL CENTER, INC. (CITY OF HOPE ATLANTA) DESCRIPTION: COMMUNITY INPUT INPUT WAS GATHERED FROM COMMUNITY MEMBERS AND LOCAL SERVICE PROVIDERS REPRESENTING VARIOUS SECTORS THROUGH FOCUS GROUPS AND KEY INFORMANT INTERVIEWS (KIIS). THE INTENT OF THESE CONVERSATIONS WAS TO BETTER UNDERSTAND THE QUANTITATIVE DATA FINDINGS AND IDENTIFY COMMUNITY PRIORITIES, ASSETS, AND NEEDED RESOURCES FROM THE PERSPECTIVE OF RESIDENTS. KEY INFORMANT INTERVIEWS THE NAMES AND EMAIL ADDRESSES FOR SIX POTENTIAL KEY INFORMANTS REPRESENTING LOCAL ORGANIZATIONS WERE PROVIDED TO GEORGIA HEALTH POLICY CENTER (GHPC) BY CITY OF HOPE'S COMMUNITY BENEFIT DIRECTOR. AN ADDITIONAL LIST OF FIVE POTENTIAL KEY INFORMANTS WHO SERVE IN VARIOUS ROLES WITHIN THE GEORGIA CANCER CONTROL CONSORTIUM WERE ALSO IDENTIFIED. RESEARCH STAFF CONTACTED THE KEY INFORMANTS VIA EMAIL TO INVITE THEM TO TAKE PART IN AN INTERVIEW AND SELECT AN INTERVIEW DAY AND TIME IF INTERESTED. SIXTY-MINUTE INTERVIEWS WERE CONDUCTED VIRTUALLY USING ZOOM AND WERE RECORDED AND TRANSCRIBED FOR ANALYSIS. THE CONSENT FORM AND INTERVIEW GUIDE APPROVED BY THE IRB WERE EMPLOYED AT EACH INTERVIEW. FIVE KEY INFORMANTS PARTICIPATED IN INTERVIEWS TO SUPPORT THE CHNA (SEE APPENDIX B OF THE CHNA FOR PARTICIPANT CHARACTERISTICS). ANALYSIS OF KIIS WAS COMPLETED USING MICROSOFT EXCEL. A CODEBOOK WAS DEVELOPED USING A PRIORI CODES AND INTERVIEWS WERE ANALYZED FOR THEMES AND SUBTHEMES. PAIRED ANALYSIS ENSURED RELIABILITY IN THE CODING PROCESS. FOCUS GROUPS GHPC RETAINED WILKINS RESEARCH SERVICES, LLC, A CERTIFIED WOMEN'S BUSINESS ENTERPRISE, TO RECRUIT FOCUS GROUP PARTICIPANTS FROM TARGETED GEOGRAPHIES. TWO FOCUS GROUPS WERE CONDUCTED WITH A TOTAL OF 20 PARTICIPANTS (SEE APPENDIX C OF THE CHNA FOR PARTICIPANT CHARACTERISTICS). GHPC SOUGHT TO INCLUDE A MIX OF PARTICIPANTS REPRESENTATIVE OF CITY OF HOPE ATLANTA'S DIVERSE SERVICE AREA FOR THE FOCUS GROUPS, AND PURPOSEFULLY RECRUITED INDIVIDUALS WITH A TIE TO CANCER AND REPRESENTATIVES OF UNDERSERVED AND MARGINALIZED POPULATIONS IN THE COMMUNITY. THE FOCUS GROUPS WERE HELD VIRTUALLY USING ZOOM AND LASTED APPROXIMATELY 90 MINUTES EACH FOCUS GROUP WAS MODERATED BY TWO FACILITATORS AND AUDIO RECORDED. A TOTAL OF 20 COMMUNITY MEMBERS FROM CITY OF HOPE ATLANTA'S SERVICE AREA PARTICIPATED IN FOCUS GROUPS AS PART OF THE CHNA. QUALITATIVE ANALYSIS RECORDINGS WERE TRANSCRIBED AND INDEPENDENTLY CODED BY THREE STAFF MEMBERS TO IDENTIFY THEMES AND SUB-THEMES. AFTER CODING WAS COMPLETE, THE TEAM CROSS TABULATED CODED TEXT TO IDENTIFY THEMES AND SUBTHEMES. THE TEAM THEN MET TO DISCUSS PRELIMINARY THEMES AND ENGAGE IN INITIAL SENSEMAKING BEFORE REACHING AGREEMENT ON FINAL THEMES TO SUPPORT THE IDENTIFICATION OF SIGNIFICANT HEALTH CONCERNS, PRIORITIES AND ASSETS WITHIN THE COMMUNITY. PRIORITIZATION OF SIGNIFICANT NEEDS. ON JULY 10, 2024, SIX COMMUNITY MEMBERS JOINED CITY OF HOPE STAFF IN REVIEWING THE SIGNIFICANT NEEDS IDENTIFIED IN THE CHNA. CITY OF HOPE'S TEAM LED BOTH THE DATA PRESENTATION AND THE PRIORITIZATION PROCESS. USING THE PRIORITIZATION CRITERIA ABOVE, COMMUNITY MEMBERS WERE ASKED TO RATE, ON A SCALE OF 1 TO 4, THE IMPORTANCE OF THE ISSUE AND ITS IMPACT TO THE COMMUNITY BASED ON POPULATION DATA, COMMUNITY EXPRESSED NEED, PRACTICALITY AND PARTNERS ALIGNMENT. EACH OF THE SIX SIGNIFICANT HEALTH NEEDS WERE PRESENTED, DATA WAS ANALYZED LIVE AND THE COMMUNITY STAKEHOLDERS HAD ROBUST CONVERSATIONS ABOUT EACH NEED AND EVEN BRAINSTORMED A FEW POSSIBLE SOLUTIONS OR INITIATIVES CURRENTLY ADDRESSING THESE NEEDS. AT THE END OF EACH PRESENTATION, THE STAKEHOLDERS WERE ASKED TO RATE, INDIVIDUALLY, THEIR RANKING/PRIORITIZATION OF THE INDIVIDUAL NEED. ONCE ALL SIX SIGNIFICANT HEALTH NEEDS WERE PRESENTED, THE RANKINGS FROM EACH COMMUNITY MEMBER WERE TALLIED AND THE LIST OF THE FOUR HIGHEST PRIORITIZED NEEDS WERE PRESENTED TO THEM. THE STAKEHOLDERS WERE THEN ASKED TO VALIDATE THE FINAL LIST OF FOUR. THE STAKEHOLDERS DISCUSSED AND EVENTUALLY ALIGNED ON THE FOUR LISTED BELOW: 1. MENTAL HEALTH - PREVENTION AND UPSTREAM PROGRAMMING TO ADDRESS ACCESS, POLICY AND QUALITY SERVICES THAT SERVE BOTH THE ADULT AND YOUTH COMMUNITIES. 2. CHRONIC DISEASE - SUPPORT COMMUNITY-LED EFFORTS AT ADDRESSING PREVENTION STRATEGIES THAT PROMOTE HEALTHY LIVING. 3. HEALTH ACCESS - CROSS-SECTORAL COLLABORATIONS THAT INCREASE REPRESENTATION IN HEALTH CARE AND PROMOTE KNOWLEDGE/AWARENESS/EDUCATION THAT DECREASE BARRIERS TO CARE. 4. CANCER - ACHIEVING HEALTH EQUITY ACROSS THE CANCER CONTINUUM, WE AIM TO WORK COLLABORATIVELY WITH COMMUNITY PARTNERS AND RESIDENTS TO IMPLEMENT STRATEGIES THAT CAN REDUCE THE RISK OF CANCER. DURING THE STRATEGY DISCUSSION, A PROMINENT THEME REVOLVED AROUND MEETING THE COMMUNITY WHERE THEY ARE. AS ONE COMMUNITY MEMBER STATED, "MEETING THEM ON THEIR TURF." THE STAKEHOLDERS FELT IT WAS CRITICALLY IMPORTANT TO ENGAGE WITH THE COMMUNITY TO BUILD

Return Reference - Identifier	Explanation
	RELATIONSHIPS AND PARTNERSHIPS WITH THE RESIDENTS, SCHOOLS AND ORGANIZATIONS THAT SERVE THEM. IT IS THROUGH INTENSIVE COMMUNITY IMMERSION THAT WE WILL BE ABLE TO ADDRESS THE VICIOUS CYCLE OF ALL ROOT CAUSES FOR HEALTH DISPARITIES.
SCHEDULE H, PART V, SECTION B, LINE 7 - HOSPITAL FACILITY'S WEBSITE (LIST URL)	CITYOHOPE.ORG/LOCATIONS/ATLANTA/ATLANTA-CANCER-CENTER
SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	FACILITY NAME: SOUTHEASTERN REGIONAL MEDICAL CENTER, INC. (CITY OF HOPE ATLANTA) DESCRIPTION: AS A SPECIALTY HOSPITAL, CITY OF HOPE ATLANTA IS NOT REQUIRED TO ADDRESS ISSUES OUTSIDE ITS FOCUS. HOWEVER, WE RECOGNIZE THAT SOCIAL DETERMINANTS OF HEALTH AND ROOT CAUSES OF HEALTH DISPARITIES ARE CLOSELY LINKED TO CANCER AND DIABETES RISK FACTORS. THEREFORE, WE WILL ENSURE OUR LANGUAGE AND PROGRAMMING PRIORITIZE THE MOST VULNERABLE POPULATIONS. WE WILL ADHERE TO THE FIVE CORE PRINCIPLES TO GUIDE ALL PROGRAMS AND SERVICES, ENSURING WE REMAIN FOCUSED ON COMMUNITIES WITH THE GREATEST UNMET HEALTH NEEDS. CONCLUSION DURING FY25, THE COMMUNITY BENEFIT DEPARTMENT PRIMARILY OVERSAW AND COORDINATED ALL COMMUNITY BENEFIT INITIATIVES ACROSS THE ORGANIZATION. WHILE MOST INITIATIVES WERE DEPARTMENT LED, INDIVIDUAL EMPLOYEES OCCASIONALLY CONTRIBUTED IDEAS THAT SUPPORTED OR INFORMED PROGRAM DEVELOPMENT. THE COMMUNITY BENEFIT DEPARTMENT PROVIDED OVERSIGHT, GUIDANCE, AND DOCUMENTATION SUPPORT TO ENSURE INITIATIVES ALIGNED WITH COMMUNITY PRIORITIES AND REPORTING REQUIREMENTS. CITY OF HOPE IS DEDICATED TO STRENGTHENING RELATIONSHIPS WITH COMMUNITY PARTNERS AND CONTINUALLY SEEKS WAYS TO MEET THE NEEDS OF OUR VULNERABLE RESIDENTS. WE AIM TO MAXIMIZE COLLABORATIONS AND CREATE SUSTAINABLE CHANGE, MAKING POSITIVE CONTRIBUTIONS ALONGSIDE OTHER HOSPITALS, ORGANIZATIONS, SCHOOLS, CHURCHES, AND GOVERNMENT ENTITIES IN OUR SERVICE AREA.
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	CANCERCENTER.COM/LOCATIONS/ATLANTA/FINANCIAL-ASSISTANCE
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	CANCERCENTER.COM/LOCATIONS/ATLANTA/FINANCIAL-ASSISTANCE
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	CANCERCENTER.COM/LOCATIONS/ATLANTA/FINANCIAL-ASSISTANCE
SCHEDULE H, PART V, SECTION B, LINE 20A - EFFORTS MADE BEFORE INITIATING COLLECTION ACTIONS	FACILITY NAME: SOUTHEASTERN REGIONAL MEDICAL CENTER, INC. (CITY OF HOPE ATLANTA) DESCRIPTION: NEITHER CITY OF HOPE NOR ANY THIRD-PARTY COLLECTION VENDORS IT MAY UTILIZE, WILL USE ANY EXTRAORDINARY COLLECTION ACTIVITY (ECA) AS A MEANS OF COLLECTING UNPAID HOSPITAL BILLS FROM PATIENTS WHO ARE ELIGIBLE FOR ANY FORM OF FINANCIAL ASSISTANCE UNDER CITY OF HOPE ATLANTA'S FINANCIAL ASSISTANCE POLICY. ALL AGENCIES USED FOR COLLECTION PURPOSES ARE ADVISED OF CITY OF HOPE'S POLICY IN WRITING, AND CITY OF HOPE ATLANTA'S FINANCIAL ASSISTANCE POLICY IS INCORPORATED, BY REFERENCE, IN COLLECTION CONTRACTS WITH SUCH AGENCIES. CITY OF HOPE RECEIVES WRITTEN ASSURANCE FROM THE AGENCY(IES) THAT THEY WILL ADHERE TO CITY OF HOPE FINANCIAL SERVICES STANDARDS.

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? 0

Name and address	Type of facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; 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 needs assessments 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 FAP.
- 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.

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 7 - EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	SCHEDULE H, PART I, LINES 7A-7D - FINANCIAL ASSISTANCE AND MEANS-TESTED GOVERNMENT PROGRAMS THE AMOUNTS REPORTED IN THIS SECTION WERE DETERMINED USING COST ACCOUNTING METHODOLOGY THAT CAPTURES THE TRUE COST OF TREATING PATIENTS. THESE AMOUNTS INCLUDE BOTH DIRECT AND INDIRECT COSTS AND INCLUDES ALL PATIENT AND PAYOR SEGMENTS SUCH AS INPATIENT AND OUTPATIENT, PRIVATE INSURANCE, MANAGED CARE, MEDICARE, MEDICAID, OTHER INSURERS, AND THE UNINSURED OR UNDERINSURED. HOSPITAL PARTICIPATION IN THE HOSPITAL FEE PROGRAM (THE PROGRAM) IS MANDATORY, WITH LIMITED EXCEPTIONS. DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2025 THE HOSPITAL MADE PAYMENTS TO THE PROGRAM IN THE AMOUNT OF \$4,086,830, AND RECORDED NO REVENUE FROM SUPPLEMENTAL PAYMENTS. EXCLUDING THE EFFECTS OF THE PROGRAM ON YEAR 2025 SCHEDULE H, PART I, LINE 7B, COLUMN (E), NET COMMUNITY BENEFIT EXPENSE WOULD HAVE BEEN NEGATIVE. THIS WOULD HAVE DECREASED LINE 7K, COLUMN (F), TO 4.54%. CITY OF HOPE ATLANTA CONTINUES TO MAINTAIN A STRONG COMMITMENT TO CARING FOR ALL MEMBERS OF THE COMMUNITY, ESPECIALLY THE VULNERABLE. SCHEDULE H, PART I, LINES 7E-7F - COMMUNITY HEALTH IMPROVEMENT SERVICES, COMMUNITY BENEFIT OPERATIONS AND HEALTH PROFESSIONS EDUCATION DURING FY2025, CITY OF HOPE ATLANTA CONTINUED THE PROCESS OF DEPLOYING PROGRAMS AND SERVICES AS A NON-PROFIT HOSPITAL. THE MAJORITY OF THE PROGRAMS DELIVERED WERE FOCUSED ON COMMUNITY EDUCATION/PREVENTION/SUPPORT GROUPS, WORKFORCE DEVELOPMENT, AND CLINICAL SUPPORT AT A LOCAL COMMUNITY CLINIC. ACCOUNTING FOR COMMUNITY HEALTH IMPROVEMENT ACTIVITIES, COMMUNITY BENEFIT OPERATIONS, AND HEALTH PROFESSIONS EDUCATION WERE BASED ON ACTUAL OR ESTIMATED STAFF HOURS AND SALARIES DEVOTED TO THESE ACTIVITIES DURING FY2025, WHICH WAS DETERMINED BASED ON DATA REPORTED BY VARIOUS CITY OF HOPE ATLANTA DEPARTMENTS. SCHEDULE H, PART I, LINE 7H - RESEARCH RESEARCH COSTS WERE DETERMINED USING A DIRECT COST METHODOLOGY AND APPLYING A FEDERALLY APPROVED INDIRECT COST RATE. DIRECT COSTS INCLUDE SALARIES, WAGES AND BENEFITS, SUPPLIES, MATERIALS AND SERVICES RENDERED IN THE PERFORMANCE OF RESEARCH ACTIVITIES SPONSORED THROUGH CITY OF HOPE ATLANTA. DIRECT OFFSETTING REVENUES ARE THOSE REVENUES SUPPORTING THE RESEARCH ACTIVITIES. SCHEDULE H, PART I, LINE 7I - CASH AND IN-KIND CONTRIBUTIONS FOR COMMUNITY BENEFIT CATHOLIC HOSPITAL ASSOCIATION OF UNITED STATES (CHA) GUIDELINES FROM 2022 WERE USED TO DETERMINE WHETHER ACTIVITIES ARE QUALIFIED AS COMMUNITY BENEFITS.

Return Reference - Identifier	Explanation
SCHEDULE H, PART II - DESCRIBE HOW COMMUNITY BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY	COMMUNITY BUILDING ACTIVITIES SHOWN ON SCHEDULE H ARE VALUED AT \$323,024. HAVING COMPLETED THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND IMPLEMENTATION STRATEGY FOR FY2024, CITY OF HOPE ATLANTA ENTERED FY2025 WITH A RENEWED FOCUS ON ESTABLISHING THE COMMUNITY BENEFIT ADVISORY COUNCIL. THIS INCLUDES ENGAGING COMMUNITY MEMBERS TO COLLABORATIVELY IDENTIFY ACTIONABLE SOLUTIONS FOR PRIORITIZED HEALTH NEEDS AND DEEPENING PARTNERSHIPS THAT DRIVE SUSTAINABLE COMMUNITY IMPACT. DURING FY25 THE TEAM DID MAKE STRIDES IN PROMOTING COMMUNITY CANCER EDUCATION AND AWARENESS THROUGH THE SUPPORT OF COMMUNITY EDUCATION EVENTS, SUPPORT GROUPS, WORKFORCE DEVELOPMENT, COMMUNITY VOLUNTEERING TO SUPPORT LOCAL ORGANIZATIONS AND THE TRAINING PROGRAMS THAT ARE SO IMPORTANT TO THE FUTURE WORKFORCE IN PHARMACY, NURSING, SOCIAL, REHAB ETC. AS WE MOVE FORWARD, OUR COMMITMENT REMAINS CLEAR: TO FOSTER INCLUSIVE, COMMUNITY-DRIVEN INITIATIVES THAT PROMOTE HEALTH EQUITY AND LONG-TERM WELL-BEING ACROSS THE REGIONS WE SERVE. BUILDING ON PROGRESS MADE IN FY2025, CITY OF HOPE ATLANTA WILL CONTINUE TO EXPAND COMMUNITY CANCER EDUCATION AND AWARENESS INITIATIVES IN FY2026. THESE EFFORTS WILL INCLUDE SUPPORTING COMMUNITY EDUCATION EVENTS AND SUPPORT GROUPS, ADVANCING WORKFORCE DEVELOPMENT OPPORTUNITIES, AND PROMOTING COMMUNITY VOLUNTEERING TO ASSIST LOCAL ORGANIZATIONS. THE ORGANIZATION REMAINS COMMITTED TO TRAINING AND DEVELOPMENT PROGRAMS THAT SUPPORT THE FUTURE HEALTHCARE WORKFORCE ACROSS PHARMACY, NURSING, SOCIAL WORK, REHABILITATION, AND RELATED FIELDS. CITY OF HOPE ATLANTA REMAINS STEADFAST IN ITS COMMITMENT TO FOSTERING INCLUSIVE, COMMUNITY-DRIVEN INITIATIVES THAT PROMOTE HEALTH EQUITY AND LONG-TERM WELL-BEING ACROSS THE REGIONS SERVED. BY STRENGTHENING COMMUNITY PARTNERSHIPS AND CENTERING THE VOICES OF THOSE MOST IMPACTED, CITY OF HOPE ATLANTA CONTINUES TO ADVANCE MEANINGFUL, EQUITABLE, AND LASTING IMPROVEMENTS IN COMMUNITY HEALTH OUTCOMES.
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	CITY OF HOPE ATLANTA'S POLICY INCLUDES THE EVALUATION OF A PATIENT'S ABILITY TO PAY. THE ALLOWANCES FOR CONTRACTUAL DISCOUNTS AND UNCOLLECTIBLE ACCOUNTS HAVE BEEN DETERMINED BASED ON HISTORICAL COLLECTION DATA AND OTHER FACTORS, INCLUDING CHANGES TO CONTRACT TERMS. AS A RESULT OF CERTAIN CHANGES REQUIRED BY ASU 2014-09, THE MAJORITY OF CITY OF HOPE ATLANTA'S PROVISION FOR UNCOLLECTIBLE ACCOUNTS IS RECORDED AS A DIRECT REDUCTION TO NET PATIENT SERVICE REVENUE INSTEAD OF BEING PRESENTED AS A COMPONENT OF EXPENSES ON THE CONSOLIDATED STATEMENTS OF ACTIVITIES FOR THE YEAR ENDED SEPTEMBER 30, 2025. THE ADOPTION OF ASU 2014-09 HAD NO MATERIAL IMPACT ON CITY OF HOPE ATLANTA'S PATIENT RECEIVABLES.
SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	CITY OF HOPE ATLANTA'S POLICY INCLUDES THE EVALUATION OF A PATIENT'S ABILITY TO PAY. THE ALLOWANCES FOR CONTRACTUAL DISCOUNTS AND UNCOLLECTIBLE ACCOUNTS HAVE BEEN DETERMINED BASED ON HISTORICAL COLLECTION DATA AND OTHER FACTORS, INCLUDING CHANGES TO CONTRACT TERMS. AS A RESULT OF CERTAIN CHANGES REQUIRED BY ASU 2014-09, THE MAJORITY OF CITY OF HOPE ATLANTA'S PROVISION FOR UNCOLLECTIBLE ACCOUNTS IS RECORDED AS A DIRECT REDUCTION TO NET PATIENT SERVICE REVENUE INSTEAD OF BEING PRESENTED AS A COMPONENT OF EXPENSES ON THE CONSOLIDATED STATEMENTS OF ACTIVITIES FOR THE YEAR ENDED SEPTEMBER 30, 2025. THE ADOPTION OF ASU 2014-09 HAD NO MATERIAL IMPACT ON CITY OF HOPE ATLANTA'S PATIENT RECEIVABLES.
SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED	IN ADDITION TO BEING AN NCI-DESIGNATED COMPREHENSIVE CANCER CENTER, CITY OF HOPE IS A FOUNDING MEMBER OF THE NATIONAL COMPREHENSIVE CANCER NETWORK (NCCN), AN ALLIANCE OF 34 OF THE NATION'S LEADING CANCER CENTERS THAT DEFINE AND SET NATIONAL STANDARDS FOR CANCER CARE – STANDARDS THAT ARE MADE AVAILABLE TO PATIENTS AND PHYSICIANS. NCCN MEMBER INSTITUTIONS ADVANCE CANCER PREVENTION, SCREENING, DIAGNOSIS AND TREATMENT THROUGH EXCELLENCE IN BASIC AND CLINICAL RESEARCH. CITY OF HOPE AND OTHER NCCN PARTNERS ENHANCE THE EFFECTIVENESS AND EFFICIENCY OF CANCER CARE DELIVERY THROUGH THE ON-GOING COLLECTION, SYNTHESIS AND ANALYSIS OF OUTCOME DATA. GIVEN THE INSTITUTION'S FOCUS ON CANCER AND THE HIGHER INCIDENCE OF CANCER AMONG ADULTS 65 AND OLDER, CITY OF HOPE ATLANTA TREATS A HIGH PROPORTION OF MEDICARE PATIENTS. THAT FACT, COMBINED WITH THE HIGH COST OF COMPLEX CARE, MEANS THAT CITY OF HOPE ATLANTA BEARS SIGNIFICANT UNREIMBURSED MEDICARE EXPENSES. RECOGNIZING CITY OF HOPE ATLANTA'S EXTRAORDINARY CONTRIBUTIONS TO CANCER CARE, RESEARCH, EDUCATION AND POPULATION HEALTH, CITY OF HOPE ATLANTA'S MEDICARE SHORTFALL SHOULD BE CONSIDERED A COMMUNITY BENEFIT. IN ADDITION TO THE MEDICARE SHORTFALL AMOUNT INCLUDED ON SCHEDULE H, PART III, SECTION B, MEDICARE, LINE 7, CITY OF HOPE ATLANTA INCURS ADDITIONAL COSTS IN THE TREATMENT OF MEDICARE PATIENTS FOR WHICH MEDICARE EXCLUDES FROM THE CALCULATION OF ALLOWABLE COSTS. THIS AMOUNT TOTALED APPROXIMATELY \$4,360,153 FOR FISCAL YEAR 2025 AND HAS NOT BEEN INCLUDED IN THE TOTALS ON SCHEDULE H, PART III, LINE 7. INCLUDING THE AMOUNT ON SCHEDULE H, PART III, LINE 7, THE TOTAL SHORTFALL CITY OF HOPE ATLANTA INCURS FOR MEDICARE PATIENTS TOTALED APPROXIMATELY \$20,868,202. CITY OF HOPE ATLANTA BELIEVES THAT THESE COSTS SHOULD BE CONSIDERED A COMMUNITY BENEFIT. MEDICARE COST IS BASED ON THE MEDICARE COST REPORT WHICH COMBINES ROUTINE AND ANCILLARY COSTS. THE COST FOR ANCILLARY SERVICES IS BASED ON A RATIO OF COST TO CHARGES. ROUTINE SERVICES ARE BASED ON DIRECT ROUTINE COSTS AND ARE ALLOCATED BASED ON THE MEDICARE PATIENT DAYS AS A PERCENT OF CITY OF HOPE ATLANTA'S TOTAL PATIENT DAYS.

Return Reference - Identifier	Explanation
SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE	PATIENT ACCOUNTS ARE NOT SENT TO COLLECTION WITHOUT GIVING PATIENTS ADEQUATE TIME TO BE EVALUATED OR RE-EVALUATED FOR FINANCIAL ASSISTANCE OR TO DEVELOP ALTERNATIVE PAYMENT ARRANGEMENTS. PATIENT ACCOUNTS WILL NOT BE SENT TO COLLECTION WHILE PENDING COMPLETION OF FINANCIAL COUNSELING. A PATIENT WILL BE GIVEN AT LEAST SEVEN BUSINESS DAYS NOTICE BEFORE HIS OR HER ACCOUNT IS SENT TO A COLLECTION AGENCY. NEITHER CITY OF HOPE ATLANTA NOR ITS THIRD PARTY COLLECTION VENDORS WILL USE WAGE GARNISHMENT OR LIENS ON PRIMARY RESIDENCES AS A MEANS OF COLLECTING UNPAID HOSPITAL BILLS FROM PATIENTS WHO ARE ELIGIBLE FOR ANY FORM OF CHARITY CARE UNDER THE CHARITY CARE POLICY. ALL AGENCIES USED FOR COLLECTION ARE ADVISED ON THE CITY OF HOPE ATLANTA'S POLICY IN WRITING AND THE CHARITY CARE POLICY IS INCORPORATED BY REFERENCE IN COLLECTION CONTRACTS WITH SUCH AGENCIES. CITY OF HOPE ATLANTA RECEIVES WRITTEN ASSURANCES FROM THESE AGENCIES THAT THEY WILL ADHERE TO CITY OF HOPE ATLANTA'S STANDARDS.
SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT	THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY WERE APPROVED BY THE CITY OF HOPE ATLANTA BOARD 05/17/24 AND 9/13/24 RESPECTIVELY. DURING FY2025, CITY OF HOPE ATLANTA ENGAGED IN THE PROCESS OF IDENTIFYING COMMUNITY BENEFIT ADVISORY COUNCIL (CBAC) MEMBERSHIP, EXTERNAL AND INTERNAL PARTNERS IN THE SUPPORT AND EXECUTION OF PROGRAMMING THAT ADDRESSES THE PRIORITIZED NEEDS OF THE CURRENT IMPLEMENTATION STRATEGY. OVERSIGHT TO ENSURE CITY OF HOPE ATLANTA'S REPORTABLE COMMUNITY BENEFIT PROGRAMS AND SERVICES ARE TARGETING THE NEEDS IDENTIFIED IN THE 2024 NEEDS ASSESSMENT, THE COMMUNITY BENEFIT ADVISORY COUNCIL (CBAC) WILL MEET FOUR TIMES A YEAR, STARTING IN FY26. THE CBAC MEMBERS ARE INDIVIDUALS THAT REPRESENT THE LOCAL COMMUNITY WITH THE FOLLOWING AREAS OF EXPERTISE THAT HELP GUIDE TRANSPARENT COMMUNITY BENEFIT PROGRAMMING. EACH CBAC MEMBER MUST HAVE ONE OF THE FOLLOWING TALENTS AND/OR EXPERIENCES: - RESIDENCE IN A LOCAL COMMUNITY WITH A DISPROPORTIONATE PERCENTAGE OF UNMET HEALTH RELATED NEEDS. - KNOWLEDGE AND EXPERTISE IN PRIMARY DISEASE PREVENTION. - EXPERIENCE WORKING WITH LOCAL NONPROFIT COMMUNITY-BASED ORGANIZATIONS. - KNOWLEDGE AND EXPERTISE IN EPIDEMIOLOGY. - EXPERTISE IN THE ANALYSIS OF SERVICE UTILIZATION AND POPULATION HEALTH DATA. - MEMBERSHIP IN THE ATLANTA CBAC IS MADE UP OF REPRESENTATIVES FROM THE FOLLOWING ORGANIZATIONS: HABITAT FOR HUMANITY PATHWAYS CENTER COWETA SAMARITAN CLINIC HEALING BRIDGE CLINIC HARTS OF TEAL PIEDMONT HOSPITAL COWETA COUNTY NAACP UNIVERSITY OF WEST GEORGIA ELEVATE COWETA STUDENTS COPD FOUNDATION (RETIRED) FISCAL YEAR 2025 ENCOMPASSED THE IDENTIFICATION AND RECRUITMENT OF CBAC MEMBERS. MONITORING AND EVALUATION WE BELIEVE THAT TAKING A BUSINESS APPROACH TO PLANNING AND EVALUATING THE IDENTIFIED INITIATIVES WILL ENSURE THEIR LONG-TERM SUSTAINABILITY. WE REALIZE THAT EVALUATION IS NECESSARY TO MEASURE SUCCESS, AS WELL AS TO IDENTIFY AREAS NEEDING IMPROVEMENT. THE PROCESS CAN RESULT IN MORE EFFECTIVE INITIATIVES. CITY OF HOPE IS WORKING TO IDENTIFY THE BEST METHODS OF MONITORING AND EVALUATING THE IMPACT OF THE INITIATIVES IDENTIFIED IN THIS DOCUMENT. IN ORDER TO EFFICIENTLY DEPLOY RESOURCES AND MAXIMIZE RESULTS, CITY OF HOPE'S ANNUAL BUDGET WILL INCLUDE THE OPERATING FUNDS REQUIRED TO MANAGE, TRACK AND REPORT ON THE OUTCOMES AND IMPACTS OF ALL COMMUNITY BENEFIT PROGRAMS AND INITIATIVES.
SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION	CITY OF HOPE ATLANTA IS COMMITTED TO BUILDING AWARENESS OF THE FINANCIAL ASSISTANCE POLICY THROUGH A VARIETY OF MECHANISMS INCLUDING BUT NOT LIMITED TO: VISIBLE SIGNAGE WITHIN CITY OF HOPE ATLANTA (SUCH AS POSTERS OR NOTICES IN KEY ADMITTING AND REGISTRATION AREAS, POINT OF SERVICE BROCHURES IN WAITING AREAS); CITY OF HOPE ATLANTA'S WEBSITE; IN ROUTINE, WRITTEN NOTIFICATION GIVEN AT THE TIME OF ADMISSION TO CITY OF HOPE ATLANTA; AND IN BILL STATEMENTS SHOWING OUTSTANDING PATIENT SELF-PAY BALANCES. ALL NOTICES WILL INCLUDE A TOLL-FREE NUMBER AND INFORMATION ON HOW TO ACCESS A CITY OF HOPE ATLANTA FINANCIAL REPRESENTATIVE. CITY OF HOPE ATLANTA WILL ALSO PROVIDE A PAPER OR ELECTRONIC COPY OF THIS FINANCIAL ASSISTANCE POLICY UPON REQUEST.

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION	POPULATION ACCORDING TO AMERICAN COMMUNITY SURVEY 2017-2021 ESTIMATES, THE POPULATION IN THE EIGHT PUBLIC HEALTH DISTRICTS THAT CITY OF HOPE ATLANTA SERVES IS 5,764,369. THE PUBLIC HEALTH DISTRICTS THAT MAKE UP THE METRO ATLANTA AREA (FULTON HEALTH DISTRICT, DEKALB HEALTH DISTRICT, COBB & DOUGLAS HEALTH, GWINNETT, NEWTON AND ROCKDALE COUNTIES, AND CLAYTON COUNTY HEALTH DISTRICT) HAVE THE HIGHEST POPULATION DENSITY OF THE DISTRICTS THAT CITY OF HOPE ATLANTA SERVES, AND THESE ARE THE MOST URBAN AREAS IN THE STATE. ALL BUT ONE OF THE 16 COUNTIES IN WEST CENTRAL HEALTH DISTRICT AND ALL BUT ONE OF THE 14 COUNTIES IN SOUTHWEST HEALTH DISTRICT ARE CONSIDERED RURAL, AND THESE DISTRICTS HAVE A MUCH LOWER POPULATION DENSITY. THERE ARE OVER 5.7 MILLION GEORGIANS IN THE EIGHT PUBLIC HEALTH DISTRICTS OF CITY OF HOPE ATLANTA'S SERVICE AREA. FIVE OF THE EIGHT PUBLIC HEALTH DISTRICTS (COBB & DOUGLAS; DISTRICT 4; DEKALB; FULTON; AND GWINNETT, NEWTON, AND ROCKDALE COUNTIES) EXPERIENCED SIGNIFICANT POPULATION GROWTH BETWEEN 2010 AND 2020 (FIGURE 1). THIS IS IMPORTANT TO NOTE BECAUSE A SIGNIFICANT SHIFT IN TOTAL POPULATION OVER TIME CAN IMPACT ACCESS TO HEALTH CARE PROVIDERS AND COMMUNITY RESOURCES. ACCORDING TO THE UNITED STATES CENSUS BUREAU DECENNIAL CENSUS, BETWEEN 2010 AND 2020: THE POPULATION IN COBB & DOUGLAS HEALTH DISTRICT GREW BY 89,907 PERSONS, A CHANGE OF 10.96%. THE POPULATION IN DEKALB HEALTH DISTRICT GREW BY 72,540 PERSONS, A CHANGE OF 10.49%. THE POPULATION IN DISTRICT 4 PUBLIC HEALTH GREW BY 84,265 PERSONS, A CHANGE OF 10.53%. THE POPULATION IN FULTON COUNTY HEALTH DISTRICT GREW BY 146,132 PERSONS, A CHANGE OF 15.87%. THE POPULATION IN GWINNETT, NEWTON, AND ROCKDALE COUNTIES GREW BY 172,568 PERSONS, A CHANGE OF 17.42%. AGE CITY OF HOPE ATLANTA'S SERVICE POPULATION IS VERY SIMILAR TO THE TOTAL POPULATION IN GEORGIA WHEN COMPARING BY AGE. THE MORE RURAL DISTRICTS, SOUTHWEST HEALTH DISTRICT AND WEST CENTRAL HEALTH DISTRICT, HOWEVER, HAVE THE HIGHEST PERCENTAGES OF ADULTS AGED 65 AND OLDER (FIGURE 2). CONSIDERING THAT OLDER ADULTS ACCOUNT FOR THE LARGEST PORTION OF U.S. HEALTH CARE SPENDING, THESE DISTRICTS MAY REQUIRE ADDITIONAL PROVIDERS AND COMMUNITY SERVICES TO MEET THE NEEDS OF THE POPULATION. CLAYTON COUNTY HEALTH DISTRICT HAS THE HIGHEST PERCENTAGE OF RESIDENTS AGED 0-17 (27.9%), WHICH MAY ALSO CREATE A GREATER NEED FOR CHILD- AND YOUTH-FOCUSED COMMUNITY SERVICES AND RESOURCES. GENDER ACCORDING TO AMERICAN COMMUNITY SURVEY FIVE-YEAR ESTIMATES, GEORGIA'S POPULATION CONSISTS OF 48.9% MALES AND 51.1% FEMALES (FIGURE 3). CITY OF HOPE ATLANTA'S POPULATION IS SIMILARLY DISTRIBUTED, WITH SLIGHTLY MORE WOMEN THAN MEN ACROSS EACH PUBLIC HEALTH DISTRICT IN THE SERVICE AREA. RACE AND ETHNICITY THE DISTRIBUTION OF CITY OF HOPE ATLANTA'S SERVICE POPULATION BY RACE VARIES GREATLY ACROSS PUBLIC HEALTH DISTRICT (FIGURE 4). CLAYTON COUNTY HEALTH DISTRICT HAS THE HIGHEST PERCENTAGE OF NON HISPANIC BLACK RESIDENTS (70.5%) AND THE LOWEST PERCENTAGE OF NON HISPANIC WHITE RESIDENTS (14.1%). CONVERSELY, DISTRICT 4 PUBLIC HEALTH HAS THE HIGHEST PERCENTAGE OF NON-HISPANIC WHITE RESIDENTS (61.1%) AND THE LOWEST PERCENTAGE OF NON-HISPANIC BLACK RESIDENTS (30.5%). GWINNETT, NEWTON, AND ROCKDALE COUNTIES HAVE THE HIGHEST PERCENTAGE OF ASIAN RESIDENTS (10.4%). ONLY 0.06% OF CITY OF HOPE ATLANTA'S SERVICE POPULATION IS NATIVE HAWAIIAN OR PACIFIC ISLANDER, AND ONLY 0.3% IS AMERICAN INDIAN OR ALASKA NATIVE. WHEN COMPARING CITY OF HOPE ATLANTA'S SERVICE AREA TO THE STATE OVERALL, THERE IS A LOWER PERCENTAGE OF NON-HISPANIC WHITE RESIDENTS IN THE SERVICE AREA (45%) THAN THE STATE (55.9%). CITY OF HOPE ATLANTA'S SERVICE POPULATION HAS ROUGHLY THE SAME PERCENTAGE OF HISPANIC/LATINO RESIDENTS (10.8%) AS THE STATE (10%), AND GWINNETT, NEWTON AND ROCKDALE COUNTIES HAVE THE HIGHEST PERCENTAGE OF HISPANIC/LATINO RESIDENTS (19.4%) OF ALL THE DISTRICTS IN THE SERVICE AREA. DISTRICT 4 PUBLIC HEALTH AND SOUTHWEST HEALTH DISTRICTS HAVE THE LOWEST PERCENTAGE OF HISPANIC/LATINO RESIDENTS (6.5% EACH). TABLE 3 SUMMARIZES THIS INFORMATION BY PUBLIC HEALTH DISTRICT. LANGUAGE APPROXIMATELY 6.9% OF RESIDENTS AGED 5 YEARS AND OLDER IN CITY OF HOPE ATLANTA'S SERVICE AREA HAVE LIMITED ENGLISH PROFICIENCY. THESE ARE INDIVIDUALS WHO SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME AND SPEAK ENGLISH LESS THAN "VERY WELL". GWINNETT, NEWTON AND ROCKDALE COUNTIES HAVE THE GREATEST PERCENTAGE OF RESIDENTS WITH LIMITED ENGLISH PROFICIENCY (13.4%), WHICH IS LIKELY RELATED TO HAVING A HIGHER PERCENTAGE OF HISPANIC/LATINO RESIDENTS THAN ANY OTHER DISTRICT IN THE SERVICE AREA. ACCORDING TO THE U.S. CENSUS BUREAU, LIVING WITH LIMITED ENGLISH PROFICIENCY CAN CREATE BARRIERS TO IMPORTANT HEALTH INFORMATION, EDUCATION AND HEALTH CARE. LIVING IN LINGUISTICALLY ISOLATED HOUSEHOLDS CAN CREATE BARRIERS AS WELL, AND APPROXIMATELY 3.6% OF RESIDENTS IN CITY OF HOPE ATLANTA'S SERVICE AREA LIVE IN SUCH SETTINGS. LINGUISTICALLY ISOLATED HOMES ARE CHARACTERIZED BY HAVING NO HOUSEHOLD MEMBERS AGED 14+ WHO SPEAK ONLY ENGLISH AT HOME OR NO PERSON AGE 14+ WHO SPEAKS A LANGUAGE OTHER THAN ENGLISH AT HOME AND SPEAKS ENGLISH "VERY WELL".
SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	CITY OF HOPE ATLANTA ("THE HOSPITAL") OFFERS MEDICAL CARE LIMITED TO SPECIAL CONDITIONS UNLIKELY TO NECESSITATE EMERGENCY CARE AND THEREFORE DOES NOT MAINTAIN AN EMERGENCY ROOM; NEVERTHELESS, THE HOSPITAL WILL OPERATE FOR THE BENEFIT OF ITS COMMUNITY. THE HOSPITAL INTENDS TO USE SURPLUS FUNDS FROM ITS ANNUAL INCOME TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND ITS FACILITIES, OR ADVANCE ITS MEDICAL TRAINING, EDUCATION, AND RESEARCH PROGRAMS. THE HOSPITAL FUNDED AN ESTIMATED \$2,746,838 IN TRAINING PROGRAMS DURING FISCAL YEAR 2025. CONTROL OF THE HOSPITAL RESTS WITH ITS BOARD OF DIRECTORS, WHICH IS COMPOSED OF INDEPENDENT CIVIC LEADERS WHO SIT ON THE BOARD OF THE HOSPITAL'S PARENT ORGANIZATION, COH HOLDCO INC.—A SUPPORTING ORGANIZATION THAT MEETS THE REQUIREMENTS OF SECTION 509(A)(3). IN THE FUTURE, THE HOSPITAL MAY RECEIVE DISTRIBUTIONS OF FUNDS FROM COH HOLDCO.

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP	CITY OF HOPE ATLANTA IS PART OF THE CITY OF HOPE SYSTEM, WHICH IS A WORLD-RENOWNED PIONEER IN CANCER RESEARCH, TREATMENT AND PREVENTION. THE CITY OF HOPE SYSTEM SERVES CLOSE TO 160,000 PATIENTS EACH YEAR AND INCLUDES A NATIONAL CANCER INSTITUTE DESIGNATED COMPREHENSIVE CANCER CENTER IN LOS ANGELES COUNTY, CALIFORNIA; A NEW STATE-OF-THE-ART CANCER CENTER IN ORANGE COUNTY, CALIFORNIA WHICH OPENED IN 2022 AND A NEW CANCER SPECIALTY HOSPITAL IN ORANGE COUNTY WHICH OPENED IN 2025; AN EXPANSION IN 2022 WITH THE ACQUISITION OF NEW CANCER CENTERS IN ARIZONA, ILLINOIS AND GEORGIA; AND NEARLY 40 CLINICAL NETWORK LOCATIONS. MOREOVER, CITY OF HOPE HAS BEEN RANKED AS ONE OF THE NATION'S BEST HOSPITALS IN CANCER BY U.S. NEWS & WORLD REPORT FOR NEARLY TWO DECADES. THE EXPANSION OF THE CITY OF HOPE SYSTEM ACROSS MULTIPLE STATES HAS MADE ITS LEADING-EDGE RESEARCH AND TREATMENT ACCESSIBLE TO MORE PATIENTS AND COMMUNITIES ACROSS THE COUNTRY. TO FURTHER DELIVER OPTIMAL CARE TO AND ENHANCE THE HEALTH OF THE LOCAL COMMUNITIES IT SERVES, THE CITY OF HOPE SYSTEM HAS FOSTERED UNIQUE RELATIONSHIPS WITH THOSE LOCAL COMMUNITIES, INCLUDING THROUGH PARTNERSHIPS AND OTHER COLLABORATIVE EFFORTS. OVER THE COURSE OF THE NEXT YEAR, THE CITY OF HOPE SYSTEM WILL USE THE COMMUNITY HEALTH NEEDS ASSESSMENTS AND IMPLEMENTATION STRATEGY TO CONTINUE TO DESIGN INNOVATIVE PROGRAMMING WHICH SEEKS TO FURTHER IMPROVE COMMUNITY HEALTH, ENHANCE WORKFORCE DEVELOPMENT, BUILD COMMUNITY, SUPPORT HEALTH CARE AND RESEARCH, DEVELOP EDUCATIONAL AND TRAINING PROGRAMS, AND PROMOTE EQUITABLE ACCESS TO CANCER CARE.
SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	GA

**SCHEDULE J
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SOUTHEASTERN REGIONAL MEDICAL CENTER, INC.

Employer identification number

26-4572436

Part I Questions Regarding Compensation

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

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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	ROBERT W. STONE	(i)	108,509	185,632	10,141	50,269	1,242	355,793	36,051
	COH PRESIDENT & CEO	(ii)	2,061,666	3,527,018	192,684	955,106	23,593	6,760,067	684,964
2	MARCELLUS R. VAN DEN BRINK, M.D., PH.D.	(i)	14,986	6,409	605	3,469	231	25,700	0
	COHNMC PRESIDENT & CHF PHYS EXEC	(ii)	1,483,628	634,531	59,873	343,401	22,881	2,544,314	0
3	HARLAN ALCON LEVINE	(i)	56,154	48,690	5,415	13,344	1,240	124,843	11,726
	PRES, HLTH INNOVATION & POLICY	(ii)	1,066,912	925,117	102,887	253,532	23,554	2,372,002	222,801
4	JO ANN ESCASA-HAIGH	(i)	47,069	31,845	692	9,310	992	89,908	0
	CHIEF BUSINESS OFFICER	(ii)	1,129,651	764,284	16,608	223,449	23,800	2,157,792	0
5	DEBRA F. FIELDS	(i)	51,721	40,780	4,159	12,606	2,160	111,426	10,571
	EXEC VP & CHIEF TRANSFORMATION OFC	(ii)	982,686	774,820	79,026	239,518	41,045	2,117,095	200,849
6	KEVIN MANEMANN	(i)	100,400	78,066	538	19,007	3,702	201,713	0
	EVP & CHIEF INTEGRATION OFFCR	(ii)	903,597	702,594	4,844	171,061	33,319	1,815,415	0
7	KRISTIN BERTELL	(i)	25,161	18,701	1,709	6,642	1,294	53,507	5,057
	CHIEF PHILANTHROPY OFFICER	(ii)	737,308	547,998	50,071	194,627	37,913	1,567,917	148,178
8	CRISTIN O'CALLAHAN	(i)	36,375	29,133	2,245	10,807	1,741	80,301	6,561
	SECRETARY/GENERAL COUNSEL	(ii)	691,121	553,526	42,651	205,337	33,078	1,525,713	124,663
9	VIJAY TRISAL, M.D.	(i)	26,995	12,625	1,907	3,081	1,259	45,867	1,833
	SYSTEM CHIEF CLINICAL OFFICER	(ii)	791,047	369,939	55,892	90,285	36,889	1,344,052	53,704
10	JENNIFER PARKHURST	(i)	0	0	0	0	0	0	0
	FORMER OFFICER	(ii)	221,089	150,000	840,906	16,140	21,886	1,250,021	77,629
11	KRISTIN HIGGINS	(i)	701,697	255,544	478	13,800	16,297	987,816	0
	CHIEF CLINICAL OFFICER	(ii)	0	0	0	0	0	0	0
12	YVETTE TREMONTI	(i)	24,832	17,929	446	3,469	933	47,609	0
	TREASURER/CHIEF FINANCIAL OFFICER	(ii)	471,816	340,655	8,466	65,917	17,721	904,575	0
13	SIMON NAZARIAN	(i)	14,709	30,000	135	1,615	332	46,791	0
	CHIEF DIGITAL OFFICER	(ii)	279,463	570,000	2,573	30,677	6,304	889,017	0
14	JONATHAN WATKINS	(i)	506,036	137,998	3,508	64,923	30,161	742,626	0
	MARKET PRESIDENT - ATLANTA	(ii)	0	0	0	0	0	0	0
15	ANDREW CALDWELL	(i)	358,779	119,740	360	13,800	1,316	493,995	0
	SVP, FINANCE (UNTIL 12/24)	(ii)	0	0	0	0	0	0	0
16	SEE NEXT PAGE	(i)							
		(ii)							

Part II
Officers, Directors, Trustees, Key Employees and Highest Compensated Employees (continued)

(a) Name		(b) Breakdown of W-2 and/or 1099-MISC compensation			(c) Retirement and other deferred compensation	(d) Nontaxable benefits	(e) Total of columns (b)(i)-(d)	(f) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(16) REGINA BRIGMAN-LAKE VP, PATIENT CARE SERVICES	(i)	241,545	49,554	369	12,272	20,362	324,102	0
	(ii)	0	0	0	0	0	0	0
(17) MARK HULSE FORMER CHIEF DIGITAL OFFICER	(i)	8,324	3,750	2,811	503	269	15,657	6,001
	(ii)	158,168	71,250	53,405	9,557	5,110	297,490	114,023
(18) TREVOR BRAND FORMER CHIEF OPERATING OFFICER, SITE	(i)	180,788	100	147	6,696	12,452	200,183	0
	(ii)	0	0	0	0	0	0	0

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 - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - FIRST-CLASS OR CHARTER TRAVEL	CITY OF HOPE ATLANTA PERMITS FIRST CLASS TRAVEL FOR CERTAIN OFFICERS, DIRECTORS, AND KEY EXECUTIVES IN LIMITED CIRCUMSTANCES WHEN SPECIFIED TRAVEL CRITERIA ARE MET.
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	CERTAIN INDIVIDUALS PARTICIPATED IN CITY OF HOPE'S NON-QUALIFIED SECTION 457(F) EXECUTIVE SUPPLEMENTAL ACCUMULATION PLAN THAT IS DESIGNED AND MAINTAINED TO PROVIDE A SELECT GROUP OF MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES WITH DEFERRED COMPENSATION. THE PLAN VESTS AFTER THREE (3) FISCAL YEARS OF SERVICE AND THE VESTED TOTALS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III). PRIOR TO VESTING, THE ANNUAL AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C). PURSUANT TO THE PLAN DOCUMENT, VESTED PARTICIPANTS ARE ENTITLED TO WITHDRAW FROM THEIR VESTED ACCOUNT AN AMOUNT EQUAL TO THE FEDERAL, STATE, LOCAL AND FICA TAXES THEY OWE. THESE AMOUNTS ARE REMITTED TO THE APPROPRIATE TAXING AUTHORITIES ON BEHALF OF THE PARTICIPANTS. FOR CALENDAR YEAR 2024, NO INDIVIDUALS AMOUNTS TO COVER SUCH TAXES.
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	CITY OF HOPE ATLANTA'S EXECUTIVES AND CERTAIN KEY EMPLOYEES ARE ELIGIBLE TO RECEIVE INCENTIVE COMPENSATION UNDER AN ANNUAL INCENTIVE PLAN (AIP) TIED TO ORGANIZATIONAL KEY PERFORMANCE INDICATORS AND INDIVIDUAL OBJECTIVES. THE KEY PERFORMANCE INDICATORS REFLECT KEY AREAS OF STRATEGIC FOCUS AND THE EXEMPT HEALTHCARE MISSION OF CITY OF HOPE AND AFFILIATES AND ARE BOTH FINANCIAL AND NON-FINANCIAL. THE POTENTIAL INCENTIVE COMPENSATION IS BASED ON A WEIGHTED AVERAGE AMONG ALL INDICATORS AND IS PAID AS A PERCENTAGE OF EACH INDIVIDUAL PARTICIPANT'S BASE COMPENSATION. THE KEY PERFORMANCE INDICATORS ARE WEIGHTED BASED ON THE PARTICIPANT'S PRIMARY AREA(S) OF RESPONSIBILITY, WITH ORGANIZATIONAL KEY PERFORMANCE INDICATORS WEIGHTED FROM 70 PERCENT TO 90 PERCENT, AND THE INDIVIDUAL OBJECTIVES WEIGHTED FROM 10 PERCENT TO 30 PERCENT. THE AIP IS UNDER THE CONTROL OF, AND ADMINISTERED BY, THE INDEPENDENT DIRECTORS SERVING ON THE EXECUTIVE COMPENSATION AND GOVERNANCE COMMITTEE. TO BE ELIGIBLE, THE PARTICIPANTS IN THE AIP MUST BE EMPLOYED BY CITY OF HOPE AT THE TIME OF THE INCENTIVE PLAN PAYMENT, AND BE MEETING OR EXCEEDING PERFORMANCE EXPECTATIONS. CITY OF HOPE MAY, AT ITS DISCRETION, CANCEL ALL OR A PORTION OF ANY INCENTIVE PLAN PAYMENT OR AWARD TO ANY PARTICIPANT, WHETHER BEFORE OR FOLLOWING PAYMENT OF SUCH AWARD, SUBJECT TO COMPLIANCE WITH APPLICABLE LAW, UNDER THE FOLLOWING CIRCUMSTANCES (CANCELLATION POLICY): A) AN INCENTIVE PLAN PAYMENT OR AWARD IS MADE FOR A FISCAL PERIOD AND CITY OF HOPE SUBSEQUENTLY RESTATES OR OTHERWISE ADJUSTS THE ANNUAL PERFORMANCE MEASUREMENT CALCULATION IN A MANNER THAT WOULD REDUCE THE SIZE OF THE AWARD OR PAYMENT, OR; B) AN INCENTIVE PLAN PAYMENT OR AWARD IS MADE FOR A FISCAL PERIOD AND CITY OF HOPE SUBSEQUENTLY DETERMINES THAT ONE OR MORE OF THE ANNUAL PERFORMANCE MEASUREMENT CALCULATIONS ON WHICH THE AWARD IS BASED OR IS PAID ARE MATERIALLY INACCURATE. THE AIP INCENTIVE COMPENSATION EARNED FOR FISCAL YEAR 2024 WAS PAID IN CALENDAR YEAR 2024 AND THESE AMOUNTS HAVE BEEN REPORTED IN SCHEDULE J, PART II, COLUMN (B)(II). ADDITIONALLY, CITY OF HOPE HAS AN EXECUTIVE LONG-TERM INCENTIVE (LTI) PLAN FOR CERTAIN EXECUTIVES WHICH IS DESIGNED TO DRIVE LONG-TERM ORGANIZATIONAL PERFORMANCE AND TRANSFORMATION BY ALIGNING EXECUTIVES WITH THE MULTI-YEAR STRATEGIC PLAN AND INCENTIVIZING THEM FOR ACHIEVING KEY ORGANIZATIONAL AND STRATEGIC OBJECTIVES AND GOALS. WITH THREE-YEAR VESTING PERIODS, THE PLAN ALSO PROVIDES A MEANS FOR RETAINING KEY EXECUTIVE TALENT. THE PERFORMANCE PERIOD OF THE PLAN (CYCLE 10) RAN FROM OCTOBER 1, 2021 THROUGH SEPTEMBER 30, 2024 WITH A NEW THREE-YEAR PERFORMANCE PERIOD BEGINNING EACH OCTOBER 1ST THEREAFTER (E.G., CYCLE 11 RUNS FROM OCTOBER 1, 2022 THROUGH SEPTEMBER 30, 2025). TO BE ELIGIBLE TO PARTICIPATE IN ANY PAYOUT UNDER THE PLAN, PARTICIPANTS MUST BE ACTIVELY EMPLOYED BY CITY OF HOPE AT THE TIME OF THE INCENTIVE PLAN PAYMENT, AND BE MEETING OR EXCEEDING PERFORMANCE EXPECTATIONS. WHILE THE PLAN DOES MEET THE REQUIREMENTS FOR A SUBSTANTIAL RISK OF FORFEITURE, AS OF THE CALENDAR YEAR ENDING DECEMBER 31, 2024, THE POTENTIAL LTI AMOUNTS HAVE BEEN ESTIMATED AND ACCRUED DURING THE CURRENT TAX YEAR AND ARE REPORTED AS DEFERRED COMPENSATION TO THE PLAN PARTICIPANTS IN SCHEDULE J, PART II, COLUMN (C). THE LTI PLAN IS SUBJECT TO THE SAME CANCELLATION POLICY AS THE AIP DESCRIBED PREVIOUSLY. PARTICIPANTS WHO MET THE ELIGIBILITY CRITERIA RECEIVED A PAYOUT OF PLAN CYCLE 10 LTI INCENTIVES (OCTOBER 1, 2021 THROUGH SEPTEMBER 30, 2024) IN DECEMBER 2024. THESE AMOUNTS HAVE BEEN REFLECTED IN SCHEDULE J, PART II, COLUMN (B)(II).

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

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 Form 990-EZ.****Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SOUTHEASTERN REGIONAL MEDICAL CENTER, INC.

Employer identification number

26-4572436

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	TO PROVIDE COMPASSIONATE MEDICAL CARE TO PEOPLE WITH CANCER, DIABETES AND OTHER LIFE-THREATENING ILLNESSES AND TRANSFORMING THE FUTURE OF CANCER CARE BY UNIFYING THE BRANCHES OF BIOMEDICAL RESEARCH, TREATMENT AND ACADEMIA. SOUTHEASTERN REGIONAL MEDICAL CENTER, INC. (CITY OF HOPE ATLANTA) IS PART OF AN INTEGRATED SYSTEM KNOWN AS CITY OF HOPE THAT COLLECTIVELY REFERS TO CITY OF HOPE, CITY OF HOPE NATIONAL MEDICAL CENTER (MEDICAL CENTER), CITY OF HOPE MEDICAL FOUNDATION (MEDICAL FOUNDATION), THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE AND ITS AFFILIATES, THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE FOUNDATION, SOUTHERN CALIFORNIA RADIATION ONCOLOGY, LLC, ACCESSHOPE, LLC, BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE (BECKMAN RESEARCH INSTITUTE), WESTERN REGIONAL MEDICAL CENTER, INC. (CITY OF HOPE PHOENIX), MIDWESTERN REGIONAL MEDICAL CENTER, INC. (CITY OF HOPE CHICAGO), AND COH HOLDCO INC. (COH HOLDCO).
FORM 990, PART V, LINE 1A - NUMBER REPORTED IN BOX 3 OF FORM 1096	ALL REQUIRED INFORMATIONAL RETURNS (I.E. FORMS 1099-NEC, FORMS 1099-MISC, ETC.) FOR CALENDAR YEAR 2024 WERE FILED BY CTCA GLOBAL, LLC (FEIN 46-5659341). FOR FEDERAL TAX PURPOSES, CTCA GLOBAL, LLC IS TREATED AS A DISREGARDED ENTITY OF COH HOLDCO FEIN 87-3651176), CITY OF HOPE ATLANTA'S PARENT ORGANIZATION.
FORM 990, PART V, LINE 2A - COMMON PAYMASTER ARRANGEMENT	MOST OF CITY OF HOPE'S OFFICERS AND KEY EMPLOYEES, AS WELL AS A FEW OF ITS HIGHEST COMPENSATED EMPLOYEES, PROVIDE SERVICES TO MORE THAN ONE CITY OF HOPE ENTITY, AND MANY OF THEM PROVIDE SERVICES TO ALL OF THE ENTITIES. FOR A NUMBER OF THESE CONCURRENTLY EMPLOYED INDIVIDUALS, THE ENTITIES HAVE DESIGNATED THE MEDICAL CENTER AS A "COMMON PAYMASTER" DEFINED IN SECTION 3121(S) OF THE INTERNAL REVENUE CODE. CITY OF HOPE REPORTS THESE CONCURRENT EMPLOYEES' TIME EFFORT AND COMPENSATION ON THE INFORMATION RETURNS OF CITY OF HOPE ENTITIES BASED ON THE INDIVIDUAL'S ESTIMATE OF THEIR TIME SPENT IN AND FOR EACH ENTITY. AS "COMMON PAYMASTER", THE MEDICAL CENTER ISSUES EACH OF THESE EMPLOYEES A SINGLE COMBINED PAYCHECK AND ONE FORM W-2.
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	RONALD SARGENT AND SUZANNE VAUTRINOT - BUSINESS RELATIONSHIP
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	COH HOLDCO (FEIN: 87-3651176) IS THE SOLE CORPORATE MEMBER OF CITY OF HOPE ATLANTA (THE "HOSPITAL").
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	COH HOLDCO, AS THE SOLE CORPORATE MEMBER OF THE HOSPITAL, ELECTS THE HOSPITAL'S BOARD OF DIRECTORS. ADDITIONALLY, COH HOLDCO HAS THE POWER TO APPOINT DIRECTORS TO THE BOARD WHEN VACANCIES ARISE AND MAY ALSO REMOVE ANY DIRECTOR(S) FROM OFFICE, WITH OR WITHOUT CAUSE.
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	CERTAIN ACTIONS MAY NOT BE UNDERTAKEN WITHOUT THE PRIOR WRITTEN APPROVAL OF THE SOLE CORPORATE MEMBER, COH HOLDCO, AS SPECIFIED IN THE GOVERNING DOCUMENTS OF CITY OF HOPE ATLANTA, INCLUDING: BORROWING MONEY IN THE NAME OF CITY OF HOPE ATLANTA OR UTILIZING PROPERTY OWNED BY CITY OF HOPE ATLANTA AS SECURITY FOR SUCH LOANS; ASSIGN, TRANSFER, PLEDGE, COMPROMISE OR RELEASE ANY OF THE CLAIMS OR DEBTS TO CITY OF HOPE ATLANTA EXCEPT ON PAYMENT IN FULL, OR ARBITRATE OR CONSENT TO THE ARBITRATION OF ANY DISPUTE OR CONTROVERSY OF CITY OF HOPE ATLANTA; MAKE, EXECUTE OR DELIVER ANY ASSIGNMENT FOR THE BENEFIT OF CREDITORS, OR ANY BOND, CONFESSION OF JUDGMENT, CHATTEL MORTGAGE, SECURITY AGREEMENT, DEED, GUARANTY, INDEMNITY BOND, SURETY BOND, OR CONTRACT TO SELL OR BILL OF SALE OF THE PROPERTY OF CITY OF HOPE ATLANTA; ACQUIRE, PURCHASE, DEVELOP, IMPROVE, SELL, LEASE, OR MORTGAGE ANY CORPORATE REAL ESTATE OR ANY INTEREST THEREIN OR ENTER INTO ANY CONTRACT FOR ANY SUCH PURPOSES; OR MAKE ANY LOAN, INVESTMENT, TRANSFER OR DISPOSITION OF ANY ASSETS OF CITY OF HOPE ATLANTA OR ENTER INTO ANY CONTRACT OR INCUR ANY LIABILITIES ON BEHALF OF CITY OF HOPE ATLANTA OTHER THAN FOR FAIR CONSIDERATION AND IN THE ORDINARY COURSE OF BUSINESS RELATING TO ITS NORMAL DAILY OPERATIONS; OR ESTABLISH CAPITAL AND OPERATING BUDGETS OR ADOPT MATERIAL CHANGES THERETO; OR ANY ACTION THAT COULD REASONABLY BE EXPECTED TO HAVE A MATERIAL ADVERSE EFFECT ON THE 501(C)(3) STATUS OF TAX EXEMPT BONDS OF CITY OF HOPE. THE FOLLOWING REQUIRE GOVERNING BODY APPROVAL (AS WELL AS THE APPROVAL OF THE SOLE CORPORATE MEMBER): THE ADOPTION OF, OR MATERIAL CHANGE IN, THE MISSION OF CITY OF HOPE ATLANTA; SALE OR DISPOSITION OF ALL OR SUBSTANTIALLY ALL ASSETS; MERGER AND ITS PRINCIPAL TERMS (AND ANY AMENDMENT TO THOSE TERMS); DISSOLUTION OF THE CORPORATION; ADOPTION OF OPERATING AND CAPITAL BUDGETS; ACQUISITIONS AND CAPITAL EXPENDITURES MEETING A CERTAIN FINANCIAL THRESHOLD; BORROWINGS, GUARANTIES, LOAN, AND BOND ISSUANCE MEETING A CERTAIN FINANCIAL THRESHOLD; CREATION OF A NEW (OR ACQUISITION OF A CONTROLLING INTEREST IN AN EXISTING) CORPORATION, PARTNERSHIP OR LIMITED LIABILITY COMPANY; AND ADOPTION OF OR AMENDMENTS TO INDIVIDUAL CORPORATE INVESTMENT GUIDELINES.

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

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
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OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SOUTHEASTERN REGIONAL MEDICAL CENTER, INC.

Employer identification number

26-4572436

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 8B - DOCUMENTATION OF MEETINGS HELD BY COMMITTEES OF GOVERNING BODY	THERE ARE NO COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	A COPY OF THE HOSPITAL'S FORM 990 IS REVIEWED BY THE RISK, AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD OF DIRECTORS OF CITY OF HOPE, WHICH ASSISTS THE BOARD IN FULFILLING ITS RESPONSIBILITIES REGARDING FINANCIAL, ACCOUNTING, AND CORPORATE COMPLIANCE MATTERS OF CITY OF HOPE ATLANTA. THE FORM 990 INFORMATION IS COMPILED BY THE TAX TEAM AND PROVIDED TO EY, AN EXTERNAL ACCOUNTING FIRM, FOR THE PREPARATION OF FORM 990, WHICH IS REVIEWED THOROUGHLY WITH INTERNAL LEADERSHIP AND EXTERNAL PARTICIPANTS, INCLUDING EY. PRIOR TO FILING, THE FORM 990 IS MADE AVAILABLE TO VOTING MEMBERS OF THE CITY OF HOPE BOARD OF DIRECTORS FOR THEIR REVIEW.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	ALL EMPLOYEES OF CITY OF HOPE AND AFFILIATES, BOARD OF DIRECTORS MEMBERS, BOARD COMMITTEE MEMBERS AND RESEARCH TEAM MEMBERS ARE COVERED BY CITY OF HOPE'S APPLICABLE CONFLICT OF INTEREST POLICIES. THE REVIEW OF THE ANNUAL CONFLICT DISCLOSURE FORMS IS PERFORMED BY CITY OF HOPE'S CHIEF COMPLIANCE OFFICER AND CITY OF HOPE'S GENERAL COUNSEL, WHO ARE RESPONSIBLE FOR IDENTIFYING ANY ACTUAL OR PERCEIVED CONFLICTS, FORMULATING A CONFLICT MANAGEMENT PLAN, AND COMMUNICATING THE RESULT TO THE MEMBER AND TO THE BOARD OR COMMITTEE CHAIR, AS APPLICABLE. IF A NEW INTEREST OR ACTIVITY ARISES AFTER AN INDIVIDUAL SUBMITS THE DISCLOSURE FORM, THE MEMBER MUST UPDATE THE DISCLOSURE FORM WITHIN 30 DAYS OF RECEIVING/UNDERTAKING THE NEW INTEREST OR COMMITMENT. THE BOARD AND BOARD COMMITTEE CHAIR(S) ARE RESPONSIBLE FOR THE REVIEW AND MANAGEMENT OF ALL CONFLICTS OF INTEREST DISCLOSED TO THEM, OR OF WHICH THEY ARE AWARE. IF THE BOARD OR BOARD COMMITTEE CHAIR(S) ARE UNSURE OF HOW TO MANAGE A PARTICULAR CONFLICT OF INTEREST, THEY MUST SEEK THE ASSISTANCE OF CITY OF HOPE'S CHIEF COMPLIANCE OFFICER AND CITY OF HOPE'S GENERAL COUNSEL. RESTRICTIONS IMPOSED ON PERSONS WITH A CONFLICT VARY, BASED UPON THE FACTS, AND MAY INCLUDE: PROHIBITION FROM PARTICIPATING IN A GOVERNING BODY'S DELIBERATIONS AND VOTING ON A GIVEN TRANSACTION OR SET OF TRANSACTIONS; RECUSAL FROM THE DECISION-MAKING PROCESS RELATING TO BUSINESS TRANSACTIONS (E.G., PURCHASING DECISIONS); PROHIBITION FROM PARTICIPATING AS A PRINCIPAL INVESTIGATOR IN RESEARCH; AND DISCLOSURE OF FINANCIAL INTEREST IN RESEARCH STUDY INFORMED CONSENT FORMS AND PUBLICATIONS. CITY OF HOPE'S POLICY PROVIDES FOR DISCIPLINARY ACTION AGAINST PERSONS COVERED BY THE CONFLICT OF INTEREST POLICIES WHO DO NOT COMPLY WITH POLICY REQUIREMENTS.

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

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
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OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SOUTHEASTERN REGIONAL MEDICAL CENTER, INC.

Employer identification number

26-4572436

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE EXECUTIVE COMPENSATION AND GOVERNANCE COMMITTEE OF THE CITY OF HOPE BOARD OF DIRECTORS ("COMMITTEE"), PURSUANT TO A DELEGATION OF AUTHORITY FROM THE CITY OF HOPE BOARD OF DIRECTORS AND THE CITY OF HOPE ATLANTA BOARD OF DIRECTORS, IS RESPONSIBLE FOR APPROVING COMPENSATION OF THE TOP MANAGEMENT OFFICIAL WHERE THE PROPOSED COMPENSATION EXCEEDS CERTAIN THRESHOLDS ESTABLISHED BY THE COMMITTEE. THE DIRECTORS ON THIS COMMITTEE ARE INDEPENDENT AND ADHERE TO A STRICT CONFLICT OF INTEREST POLICY. DELIBERATION AND DECISION MAKING ARE SUBSTANTIATED IN THE MINUTES OF THE COMMITTEE'S MEETINGS. THE MINUTES ARE REVIEWED AND APPROVED AT THE NEXT MEETING OF THE COMMITTEE. AS PART OF THE DELIBERATION PROCESS, THE COMMITTEE RECEIVES ADVICE FROM AN INDEPENDENT, THIRD-PARTY COMPENSATION CONSULTANT WITH RESPECT TO EXECUTIVE COMPENSATION, INCLUDING REVIEW OF COMPARABLE AND BENCHMARK DATA, CURRENT COMPENSATION PHILOSOPHY, STRUCTURE, AND ADMINISTRATION OF THE EXECUTIVE COMPENSATION PROGRAMS AT CITY OF HOPE AND AFFILIATES. THE COMMITTEE CARRIES OUT THE BOARD OF DIRECTORS' OVERALL RESPONSIBILITIES RELATING TO EXECUTIVE COMPENSATION. THE EXECUTIVE COMPENSATION PHILOSOPHY IS DESIGNED TO ASSIST IN ATTRACTING AND RETAINING THE CALIBER OF EXECUTIVE LEADERSHIP REQUIRED TO ENABLE CITY OF HOPE TO ACHIEVE THE HIGHEST LEVELS OF COMMUNITY BENEFIT, IMPACT TO CLINICAL CARE, QUALITY RESEARCH AND EFFICIENT PHILANTHROPIC DEVELOPMENT. UNDER THE AIP AND LTI DESCRIBED IN SCHEDULE J, A SUBSTANTIAL PORTION OF EXECUTIVE COMPENSATION IS LINKED DIRECTLY TO PERFORMANCE GOALS APPROVED IN ADVANCE. AS A RESULT, PERFORMANCE COMPENSATION MAY VARY FROM YEAR TO YEAR. GOAL SETTING UNDER THE AIP IS TIED TO ANNUAL PERFORMANCE, INCLUDING THE ATTAINMENT OF SPECIFIC BUSINESS OBJECTIVES FOR STRATEGIC AND FINANCIAL PERFORMANCE AS WELL AS NON-FINANCIAL MEASURES SUCH AS PATIENT SATISFACTION AND QUALITY OF PATIENT CARE. THE LTI IS DESIGNED TO DRIVE LONG-TERM ORGANIZATIONAL PERFORMANCE AND TRANSFORMATION BY ALIGNING EXECUTIVES WITH THE MULTI YEAR STRATEGIC PLAN AND INCENTIVIZING THEM TO ACHIEVE KEY ORGANIZATIONAL AND STRATEGIC OBJECTIVES AND GOALS. WITH THREE-YEAR VESTING PERIODS, THE LTI ALSO PROVIDES A MEANS FOR RETAINING KEY EXECUTIVE TALENT. THE COMMITTEE CONDUCTS ANNUAL COMPENSATION REVIEWS FOR THE TOP MANAGEMENT OFFICIAL IN DECEMBER WHERE THE PROPOSED COMPENSATION EXCEEDS COMPENSATION LEVELS ESTABLISHED BY THE COMMITTEE.
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	THE EXECUTIVE COMPENSATION AND GOVERNANCE COMMITTEE OF THE CITY OF HOPE BOARD OF DIRECTORS ("COMMITTEE"), PURSUANT TO A DELEGATION OF AUTHORITY FROM THE CITY OF HOPE BOARD OF DIRECTORS AND THE CITY OF HOPE ATLANTA BOARD OF DIRECTORS, IS RESPONSIBLE FOR SETTING THE COMPENSATION OF, OR ESTABLISHING COMPENSATION LEVELS FOR TOTAL COMPENSATION CONSISTENT WITH CITY OF HOPE'S COMPENSATION PHILOSOPHY, FOR SENIOR LEADERS AT THE SENIOR VICE PRESIDENT OR EQUIVALENT LEVEL. THE DIRECTORS ON THIS COMMITTEE ARE INDEPENDENT AND ADHERE TO A STRICT CONFLICT OF INTEREST POLICY. DELIBERATION AND DECISION MAKING ARE SUBSTANTIATED IN THE MINUTES OF THE COMMITTEE'S MEETINGS. THE MINUTES ARE REVIEWED AND APPROVED AT THE NEXT MEETING OF THE COMMITTEE. AS PART OF THE DELIBERATION PROCESS, THE COMMITTEE RECEIVES ADVICE FROM AN INDEPENDENT, THIRD-PARTY COMPENSATION CONSULTANT WITH RESPECT TO EXECUTIVE COMPENSATION, INCLUDING REVIEW OF COMPARABLE AND BENCHMARK DATA, CURRENT COMPENSATION PHILOSOPHY, STRUCTURE, AND ADMINISTRATION OF THE EXECUTIVE COMPENSATION PROGRAMS AT CITY OF HOPE AND AFFILIATES. THE COMMITTEE CARRIES OUT THE BOARD OF DIRECTORS' OVERALL RESPONSIBILITIES RELATING TO EXECUTIVE COMPENSATION. THE EXECUTIVE COMPENSATION PHILOSOPHY IS DESIGNED TO ASSIST IN ATTRACTING AND RETAINING THE CALIBER OF EXECUTIVE LEADERSHIP REQUIRED TO ENABLE CITY OF HOPE TO ACHIEVE THE HIGHEST LEVELS OF COMMUNITY BENEFIT, IMPACT TO CLINICAL CARE, QUALITY RESEARCH AND EFFICIENT PHILANTHROPIC DEVELOPMENT. UNDER THE AIP AND LTI DESCRIBED IN SCHEDULE J, A SUBSTANTIAL PORTION OF EXECUTIVE COMPENSATION IS LINKED DIRECTLY TO PERFORMANCE GOALS APPROVED IN ADVANCE. AS A RESULT, PERFORMANCE COMPENSATION MAY VARY FROM YEAR TO YEAR. GOAL SETTING UNDER THE AIP IS TIED TO ANNUAL PERFORMANCE, INCLUDING THE ATTAINMENT OF SPECIFIC BUSINESS OBJECTIVES FOR STRATEGIC AND FINANCIAL PERFORMANCE AS WELL AS NON-FINANCIAL MEASURES SUCH AS PATIENT SATISFACTION AND QUALITY OF PATIENT CARE. THE LTI IS DESIGNED TO DRIVE LONG-TERM ORGANIZATIONAL PERFORMANCE AND TRANSFORMATION BY ALIGNING EXECUTIVES WITH THE MULTI YEAR STRATEGIC PLAN AND INCENTIVIZING THEM TO ACHIEVE KEY ORGANIZATIONAL AND STRATEGIC OBJECTIVES AND GOALS. WITH THREE-YEAR VESTING PERIODS, THE LTI ALSO PROVIDES A MEANS FOR RETAINING KEY EXECUTIVE TALENT. THE COMMITTEE CONDUCTS ANNUAL COMPENSATION REVIEWS IN DECEMBER TO SET COMPENSATION LEVELS, OR WHERE THE PROPOSED COMPENSATION EXCEEDS COMPENSATION LEVELS ESTABLISHED BY THE COMMITTEE, COMPENSATION FOR SENIOR LEADERS AT THE SENIOR VICE PRESIDENT OR EQUIVALENT LEVEL.

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

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 Form 990-EZ.****Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SOUTHEASTERN REGIONAL MEDICAL CENTER, INC.

Employer identification number

26-4572436

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE HOSPITAL'S BYLAWS AND ARTICLES OF INCORPORATION ARE NOT MADE AVAILABLE TO THE PUBLIC. THE HOSPITAL IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF CITY OF HOPE, WHICH ARE AVAILABLE ON THE HOSPITAL'S AND CITY OF HOPE'S WEBSITE, AND THE HOSPITAL'S CONFLICT OF INTEREST POLICIES ARE AVAILABLE BY WRITTEN REQUEST MADE TO THE CONFLICT OF INTEREST MANAGER.
FORM 990, PART VII, SECTION A - AVERAGE HOURS DEVOTED REPORTED IN COLUMN (B)	FULL TIME EXEMPT EMPLOYEES GENERALLY WORK IN EXCESS OF 40 HOURS PER WEEK, WHICH HAS BEEN REFLECTED ON FORM 990, PART VII, SECTION A, COLUMN (B), BY AN ESTIMATE OF 60 HOURS PER WEEK. THE MEMBERS OF THE BOARD OF DIRECTORS ARE NOT COMPENSATED FOR SERVING ON THE BOARD. THE AVERAGE HOURS REPORTED FOR EACH DIRECTOR IS AN ESTIMATE OF THE TIME SPENT PREPARING FOR AND ATTENDING MEETINGS OF THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS HELD FOUR REGULARLY SCHEDULED MEETINGS DURING FISCAL YEAR 2025. THE RISK, AUDIT AND COMPLIANCE COMMITTEE HELD FIVE REGULARLY SCHEDULED MEETINGS IN FISCAL YEAR 2025.
FORM 990, PART XI, LINE 8 - SRMC	THE PRIOR PERIOD ADJUSTMENT REFLECTS A CHANGE IN THE ENTITY REPORTING FOR CITY OF HOPE MEDICAL GROUP OF GEORGIA, LLC, A SINGLE-MEMBER LIMITED LIABILITY COMPANY REPORTED UNDER COH HOLDCO. IN FY25, EFFECTIVE OCTOBER 1, 2024, OWNERSHIP OF CITY OF HOPE MEDICAL GROUP OF GEORGIA, LLC WAS TRANSFERRED TO CITY OF HOPE ATLANTA AND IT HAS BEEN REPORTED ON THIS RETURN.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SOUTHEASTERN REGIONAL MEDICAL CENTER, INC.

Employer identification number

26-4572436

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) CITY OF HOPE MEDICAL GROUP OF GEORGIA, LLC (45-3597157) 600 W. CELEBRATE LIFE WAY, NEWNAN, GA 30265	PHYSICIAN/CLINICAL SERVICES	GA	19,624,777	(86,159,889)	SOUTHEASTERN REGIONAL MEDICAL CENTER, INC.
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE (95-3432210) 1450 EAST DUARTE ROAD, DUARTE, CA 91010	RESEARCH	CA	501(C)(3)	4	CITY OF HOPE	✓	
(2) CITY OF HOPE (95-3435919) 1500 EAST DUARTE ROAD, DUARTE, CA 91010	FUNDRAISING	CA	501(C)(3)	7	N/A		✓
(3) CITY OF HOPE MEDICAL FOUNDATION (27-4803222) 1500 EAST DUARTE ROAD, DUARTE, CA 91010	HEALTHCARE	CA	501(C)(3)	3	CITY OF HOPE	✓	
(4) CITY OF HOPE NATIONAL MEDICAL CENTER (95-1683875) 1500 EAST DUARTE ROAD, DUARTE, CA 91010	HOSPITAL	CA	501(C)(3)	3	CITY OF HOPE	✓	
(5) COH HOLDCO INC. (87-3651176) 1500 EAST DUARTE ROAD, DUARTE, CA 91010	SUPPORT	DE	501(C)(3)	12 TYPE III-FI	CITY OF HOPE	✓	
(6) MIDWESTERN REGIONAL MEDICAL CENTER, INC. (36-2510771) 1500 EAST DUARTE ROAD, DUARTE, CA 91010	HOSPITAL	IL	501(C)(3)	3	COH HOLDCO	✓	
(7) (SEE STATEMENT)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50135Y

Schedule R (Form 990) (Rev. 1-2025)

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	
(1) (SEE STATEMENT)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) (SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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	1a	✓
b Gift, grant, or capital contribution to related organization(s)	1b	✓
c Gift, grant, or capital contribution from related organization(s)	1c	✓
d Loans or loan guarantees to or for related organization(s)	1d	✓
e Loans or loan guarantees by related organization(s)	1e	✓
f Dividends from related organization(s)	1f	✓
g Sale of assets to related organization(s)	1g	✓
h Purchase of assets from related organization(s)	1h	✓
i Exchange of assets with related organization(s)	1i	✓
j Lease of facilities, equipment, or other assets to related organization(s)	1j	✓
k Lease of facilities, equipment, or other assets from related organization(s)	1k	✓
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	✓
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	✓
o Sharing of paid employees with related organization(s)	1o	✓
p Reimbursement paid to related organization(s) for expenses	1p	✓
q Reimbursement paid by related organization(s) for expenses	1q	✓
r Other transfer of cash or property to related organization(s)	1r	✓
s Other transfer of cash or property from related organization(s)	1s	✓

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
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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	
(1)													
(2)													
(3)													
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(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part II**Identification of Related Tax-Exempt Organizations** (continued)

(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
(7) THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE (75-3065445) 445 N. 5TH STREET, SUITE 600, PHOENIX, AZ 85004	RESEARCH	AZ	501(C)(3)	7	CITY OF HOPE	✓	
(8) THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE FOUNDATION (33-1092191) 445 N. 5TH STREET, SUITE 120, PHOENIX, AZ 85004	FUNDRAISING	AZ	501(C)(3)	7	TGEN	✓	
(9) WESTERN REGIONAL MEDICAL CENTER, INC. (32-0197974) 1500 EAST DUARTE ROAD, DUARTE, CA 91010	HOSPITAL	AZ	501(C)(3)	3	COH HOLDCO	✓	

Part III**Identification of Related Organizations Taxable as a Partnership** (continued)

(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	
(1) SOUTHERN CALIFORNIA RADIATION ONCOLOGY, LLC (36-4887584) 1500 EAST DUARTE ROAD, DUARTE, CA 91010	RADIATION ONCOLOGY	DE	N/A	N/A	N/A	N/A			N/A			N/A

Part IV**Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) ACCESSHOPE, LLC (84-2818450) 1500 EAST DUARTE ROAD, DUARTE, CA 91010	ONCOLOGY SUPPORT	DE	CITY OF HOPE	C CORPORATION	N/A	N/A	N/A		✓

CONSOLIDATED FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

City of Hope
Years Ended September 30, 2025 and 2024
With Report of Independent Auditors



The better the question.
The better the answer.
The better the world works.



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City of Hope

Consolidated Financial Statements and
Supplementary Information

Years Ended September 30, 2025 and 2024

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Report of Independent Auditors

The Board of Directors
City of Hope

Opinion

We have audited the consolidated financial statements of City of Hope, which comprise the consolidated statements of financial position as of September 30, 2025 and 2024, and the related consolidated statements of activities and cash flows for the years then ended, and the related notes (collectively referred to as the “financial statements”).

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of City of Hope at September 30, 2025 and 2024, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (“GAAS”). Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of City of Hope and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about City of Hope’s ability to continue as a going concern for one year after the date that the financial statements are issued.



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Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free of material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of City of Hope's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about City of Hope's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal-control-related matters that we identified during the audit.



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Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The consolidating details appearing in conjunction with the consolidated financial statements are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to the prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Ernst & Young LLP

February 25, 2026

City of Hope

Consolidated Statements of Financial Position (In Thousands)

	September 30	
	2025	2024
Assets		
Current assets:		
Cash and cash equivalents	\$ 511,546	\$ 547,294
Short-term investments	1,324,458	1,467,415
Self-insurance trust funds	4,537	3,628
Patient accounts receivable, net	609,886	646,829
Grants and other receivables	168,803	224,657
Current portion of donor-restricted unconditional promises to give, net	63,277	101,700
Prepaid and other	147,504	127,249
Due from third-party payors	61,074	—
Total current assets	2,891,085	3,118,772
Property and equipment, net	2,791,620	2,608,871
Right-of-use finance lease assets	44,041	41,523
Right-of-use operating lease assets	190,961	191,872
Other assets:		
Long-term investments	11,254	8,702
Board-designated assets	1,544,528	1,464,591
Bond trust funds	34	12
With donor restrictions:		
Investments	983,866	865,867
Unconditional promises to give, net	251,595	270,353
Contributions receivable from annuity and split-interest agreements, net	83,374	93,985
Other	47,101	36,831
Goodwill and other intangible assets	52,291	63,448
Interest rate swaps	9,972	8,601
Other long-term assets	208,902	98,459
Total other assets	3,192,917	2,910,849
Total assets	\$ 9,110,624	\$ 8,871,887

City of Hope

Consolidated Statements of Financial Position (continued) (In Thousands)

	September 30	
	2025	2024
Liabilities and net assets		
Current liabilities:		
Accounts payable	\$ 97,875	\$ 113,676
Other accrued liabilities	340,887	339,859
Accrued salaries, wages, and employee benefits	196,741	180,585
Long-term debt, current portion	—	333,565
Right-of-use finance leases, current portion	9,289	5,631
Right-of-use operating leases, current portion	21,882	24,968
Short-term borrowings	200,000	250,000
Contract liabilities	38,483	32,130
Due to third-party payors	48,936	48,905
Total current liabilities	954,093	1,329,319
Long-term debt, net of current portion	2,530,583	2,179,745
Right-of-use finance leases, net of current portion	35,397	36,225
Right-of-use operating leases, net of current portion	184,600	175,591
Annuity and split-interest agreement obligations	36,825	36,955
Interest rate swaps	—	1,896
Other	166,980	108,880
Total liabilities	3,908,478	3,868,611
Net assets:		
Without donor restrictions:		
Controlling interests	3,783,698	3,648,135
Noncontrolling interests	26,638	25,572
With donor restrictions	1,391,810	1,329,569
Total net assets	5,202,146	5,003,276
 Total liabilities and net assets	 <u>\$ 9,110,624</u>	 <u>\$ 8,871,887</u>

See accompanying notes.

City of Hope

Consolidated Statement of Activities (In Thousands)

Year Ended September 30, 2025

	Without Donor Restrictions	With Donor Restrictions	Total
Revenues, gains, and other support:			
Net patient service revenues	\$ 4,848,613	\$ —	\$ 4,848,613
Research grants, contracts, and clinical trials	306,123	—	306,123
Contributions	65,029	152,603	217,632
Investment income	228,745	47,766	276,511
Net unrealized gain on investments	123,032	19,422	142,454
Other revenue	124,853	231	125,084
Total revenues, gains, and other support	5,696,395	220,022	5,916,417
Net assets released from restrictions	157,781	(157,781)	—
Total revenues, gains, and other support	5,854,176	62,241	5,916,417
Expenses:			
Salaries, wages, and employee benefits	1,978,532	—	1,978,532
Purchased services and professional fees	788,989	—	788,989
Supplies and pharmaceuticals	2,101,308	—	2,101,308
Interest, including changes in fair value of swap agreements	131,749	—	131,749
Depreciation and amortization	221,331	—	221,331
Hospital provider fee	86,345	—	86,345
Equipment rental and maintenance	92,928	—	92,928
Occupancy	85,336	—	85,336
Insurance	13,279	—	13,279
Other expense	221,749	—	221,749
Total expenses	5,721,546	—	5,721,546
Changes in net assets before other changes	132,630	62,241	194,871
Contribution from noncontrolling interest	3,999	—	3,999
Changes in net assets	136,629	62,241	198,870
Net assets, beginning of year	3,673,707	1,329,569	5,003,276
Net assets, end of year	\$ 3,810,336	\$ 1,391,810	\$ 5,202,146

City of Hope

Consolidated Statement of Activities (In Thousands)

Year Ended September 30, 2024

	Without Donor Restrictions	With Donor Restrictions	Total
Revenues, gains, and other support:			
Net patient service revenues	\$ 4,156,392	\$ —	\$ 4,156,392
Research grants, contracts, and clinical trials	276,553	—	276,553
Contributions	55,996	257,813	313,809
Investment income	217,138	36,515	253,653
Net unrealized gain on investments	342,587	53,500	396,087
Other revenue	142,103	102	142,205
Total revenues, gains, and other support	5,190,769	347,930	5,538,699
Net assets released from restrictions	146,974	(146,974)	—
Total revenues, gains, and other support	5,337,743	200,956	5,538,699
Expenses:			
Salaries, wages, and employee benefits	1,810,698	—	1,810,698
Purchased services and professional fees	736,627	—	736,627
Supplies and pharmaceuticals	1,759,696	—	1,759,696
Interest, including changes in fair value of swap agreements	141,897	—	141,897
Depreciation and amortization	217,022	—	217,022
Hospital provider fee	50,721	—	50,721
Equipment rental and maintenance	85,971	—	85,971
Occupancy	74,685	—	74,685
Insurance	15,597	—	15,597
Other expense	149,580	—	149,580
Total expenses	5,042,494	—	5,042,494
Changes in net assets before other changes	295,249	200,956	496,205
Contribution from noncontrolling interest	2,495	—	2,495
Changes in net assets	297,744	200,956	498,700
Net assets, beginning of year	3,375,963	1,128,613	4,504,576
Net assets, end of year	\$ 3,673,707	\$ 1,329,569	\$ 5,003,276

See accompanying notes.

City of Hope

Consolidated Statements of Cash Flows (In Thousands)

	Year Ended September 30	
	2025	2024
Operating activities		
Changes in net assets	\$ 198,870	\$ 498,700
Adjustments to reconcile changes in net assets to net cash provided by operating activities:		
Depreciation and amortization expense	210,175	205,876
Amortization of goodwill and other intangibles	11,156	11,146
Amortization of bond costs, discounts, and premium	(1,819)	2,363
Amortization of right-of-use operating lease assets	25,104	28,742
Contributions from noncontrolling interest	(3,999)	(2,495)
Loss (gain) on disposal of assets	5,676	(2,775)
Gain on contributed real property	(13)	(74)
Gain from debt extinguishment	(13,730)	(7,000)
Loss on impairment of fixed assets	17,928	3,933
Net unrealized gain on investments	(142,454)	(396,087)
Change in value of interest rate swaps	(3,267)	5,737
Contribution proceeds restricted for endowment	(32,273)	(21,294)
Changes in assets and liabilities:		
Patient accounts receivable	36,943	(117,221)
Grants and other receivables	55,854	(6,994)
Unconditional promises to give, net	57,181	(86,744)
Contributions receivable from annuity and split-interest agreements, net	10,611	7,328
Other assets	(136,251)	(28,644)
Accounts payable and accrued liabilities	12,553	54,024
Accrued salaries, wages, and employee benefits	16,156	34,058
Annuity and split-interest agreement obligations	(130)	3,902
Operating lease liabilities	(22,954)	(33,527)
Other liabilities	3,904	110,148
Net cash provided by operating activities before net sales of trading investments	305,221	263,102
Net sales (purchases) of trading investments	15,876	(21,420)
Net cash provided by operating activities	321,097	241,682

City of Hope

Consolidated Statements of Cash Flows (continued) (In Thousands)

	Year Ended September 30	
	2025	2024
Investing activities		
Payments received from notes receivable	\$ 308	\$ 367
Additions to property and equipment	(437,449)	(502,334)
Proceeds from sale of contributed real property held for sale	45	604
Purchases of alternative investments	(376,691)	(266,038)
Proceeds from sales of alternative investments	444,828	441,962
Net cash used in investing activities	(368,959)	(325,439)
Financing activities		
Proceeds from Line of Credit	—	194,000
Repayment of Line of Credit	(119,000)	(75,000)
Proceeds from short-term debt borrowings, net	—	123,025
Proceeds from long-term debt borrowings, net	687,967	648,842
Principal payments on short-term borrowings	(50,000)	—
Principal payments on long-term debt	(536,145)	(776,560)
Principal payments on finance leases	(6,958)	(7,521)
Contributions from noncontrolling interest	3,999	2,495
Contribution proceeds restricted for endowment	32,273	21,294
Net cash provided by financing activities	12,136	130,575
Net (decrease) increase in cash, cash equivalents, and restricted cash	(35,726)	46,818
Cash, cash equivalents, and restricted cash beginning of year	547,306	500,488
Cash, cash equivalents, and restricted cash end of year	\$ 511,580	\$ 547,306
Supplemental disclosure of cash flow information		
Interest paid (net of capitalized interest)	\$ 139,543	\$ 133,497
Supplemental disclosures of noncash activity		
Right-of-use assets obtained in exchange for lease obligations:		
Finance lease obligations	\$ 9,295	\$ 4,789
Operating lease obligations	\$ 28,876	\$ 41,334
Additions to property and equipment included in accounts payable and accrued liabilities	\$ 39,755	\$ 67,080

See accompanying notes.

City of Hope

Notes to Consolidated Financial Statements (Dollar Amounts Expressed in Thousands)

September 30, 2025

1. Organization

City of Hope, a California nonprofit public benefit corporation, with its principal offices located in Duarte, California, is the development organization of City of Hope National Medical Center (the “Center”), City of Hope Medical Foundation (the “Foundation”), and Beckman Research Institute of the City of Hope (the “Institute”) (collectively, the “Obligated Group”); the Translational Genomics Research Institute and its Affiliates (“TGen”); Southern California Radiation Oncology, LLC (“SCRO”); AccessHope, LLC (“AH”); Stephenson Global Pancreatic Cancer Research Institute, LLC; COH Property Holdings OC, LLC (“Property Holdings”), COH Property Management OC, LLC; and COH HoldCo Inc. (“HoldCo”), the parent of Cancer Treatment Centers of America entities (“CAP Entities”) (collectively, the “Affiliated Group”).

The consolidated financial statements include the accounts of the Obligated Group and the Affiliated Group, collectively referred to as “City of Hope”. The following entities are included in the consolidated financial statements:

The Center is a California nonprofit public benefit corporation treating primarily cancer and other life-threatening diseases. City of Hope is the sole corporate member of the Center. The Center is licensed to operate at a capacity of 234 beds.

The Foundation, with City of Hope as the sole corporate member, is a California nonprofit public benefit corporation organized as part of a coordinated health care delivery system to provide teaching, education, and research services in support of the Center and the Institute. The Foundation has a professional services agreement (“PSA”) with City of Hope Medical Group (“COHMG”), an unconsolidated professional corporation. Under the terms of the PSA, COHMG physicians provide exclusive patient care services and academic services to the Foundation, and COHMG assigns to the Foundation the right to bill and collect for professional services rendered by COHMG physicians and other professional employees, and the Foundation contracts directly with payors for the provision of patient care services. Accordingly, net patient service revenues for the Foundation include amounts for services provided by COHMG physicians on behalf of the Foundation.

HoldCo, with City of Hope as the sole corporate member, is a nonprofit Delaware corporation that consolidates the CAP Entities. HoldCo is the parent organization of the CAP Entities and supports the activities of three hospitals, located in Arizona, Georgia, and Illinois, which provide comprehensive cancer care to patients, together with the associated physician groups and outpatient clinics. The three hospitals are licensed to operate at a total capacity of 161 beds.

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

1. Organization (continued)

The Institute, with City of Hope as the sole corporate member, is a California nonprofit public benefit corporation that owns and operates several major research facilities on or near City of Hope's main campus. The Institute conducts scientific research in support of, and in conjunction with, the patient care activities of the Center and the Foundation.

TGen, with City of Hope as the sole corporate member, is an Arizona nonprofit public benefit corporation with its principal office located in Phoenix, Arizona. TGen's primary mission is to make and translate genomic discoveries into advances in human health. The consolidated financial statements of TGen include the accounts of TGen and its wholly owned affiliates.

SCRO is a California for-profit joint venture between the Foundation and Vantage Oncology Treatment Centers, LLC ("Vantage") formed to manage and provide services to radiation therapy centers in Southern California. The Foundation owns 50.1% and Vantage owns 49.9% of SCRO. City of Hope consolidates SCRO due to the Foundation's ability to exercise control through its majority voting interest.

AH, headquartered in Duarte, California, is a Delaware limited liability company that provides for or arranges for the provision of certain oncology-related consultative, advisory, and support services to employers and payors throughout the United States. City of Hope owns a majority membership interest in AH. City of Hope consolidates AH due to its ability to exercise control through its majority voting interest.

2. Summary of Significant Accounting Policies

Basis of Presentation

The consolidated financial statements of City of Hope include the accounts of all wholly owned affiliates and its controlled affiliates, after elimination of intercompany transactions and balances. In addition, these statements follow generally accepted accounting principles in the United States of America ("U.S. GAAP") applicable to the not-for-profit industry as described in the Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic 958, *Not-for-Profit Entities*.

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

2. Summary of Significant Accounting Policies (continued)

Use of Estimates

The preparation of City of Hope's financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Principal areas requiring the use of estimates include recognition of net patient service revenues at the transaction price, including estimated settlements with third-party payors; valuation of unconditional promises to give; valuation of annuity and split-interest agreement obligations; fair value of derivatives; impairment of goodwill and other intangibles; and self-insured liabilities. Management bases its estimates on historical experience and other assumptions deemed reasonable based on the facts and circumstances at the time of valuation. Actual results could differ from those estimates and the amounts could be material to the financial statements.

Cash and Cash Equivalents

Cash and cash equivalents reflect all unrestricted cash and cash equivalents that include highly liquid investments with original maturities of three months or less and exclude amounts whose use is limited under contractual or donor agreements or are held in investment portfolios that are included in short-term investments and investments held for long-term purposes on the consolidated statements of financial position. Amounts within restricted cash include cash and cash equivalents held in bond trust funds and represent funds set aside based on contractual arrangements. As of September 30, 2025 and 2024, the restricted cash held in bond trust funds were \$34 and \$12, respectively.

The total cash and cash equivalents, and restricted cash within the consolidated statements of financial position that comprise the amount reported on the consolidated statements of cash flows as of September 30, 2025 and 2024 was \$511,580 and \$547,306, respectively.

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

2. Summary of Significant Accounting Policies (continued)

Investments

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value. These equity and debt securities are designated as trading securities since the investments are externally managed within the guidelines of City of Hope's investment policy. Fair value is established based on quoted prices from recognized security exchanges with changes in fair value recognized as unrealized gains and losses on investments. Investment transactions are recorded on a settlement date basis.

Investment income or loss on equity and debt securities included in net assets with donor restrictions (including realized gains and losses on investments, interest, and dividends) is reported in revenues without donor restrictions, unless the income or loss is specifically restricted by the donor or by law.

City of Hope accounts for its ownership interests in alternative investments, using the net asset value as a practical expedient for fair value as determined using investment valuations provided by external investment firms. The changes in fair value and share of earnings of the alternative investments are included in net unrealized gain or loss on investments.

City of Hope has certain equity investments where it does not have significant influence. City of Hope has elected to measure such investments at cost minus impairment under the measurement alternative, as the investments in privately held companies did not have readily determinable fair values given there were no observable transactions. No impairment was recorded for the fiscal years ended September 30, 2025 or 2024.

Derivative and Hedging Instruments

City of Hope does not have derivative instruments that are designated as qualifying hedges for accounting purposes. City of Hope utilizes derivative instruments to manage its interest rate exposure and overall cost of borrowing as economic hedges and thus, hedge accounting treatment is not applied. The derivative instruments include interest rate swaps, which are measured at fair value with the changes recorded in interest, including changes in fair value of swap agreements.

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

2. Summary of Significant Accounting Policies (continued)

Patient Accounts Receivable and Net Patient Service Revenues

Net patient service revenues are reported at the amount that reflects the consideration to which City of Hope expects to be entitled in exchange for providing patient care. These amounts, representing transaction price, are due from patients, third-party payors (including health insurers and government programs), and others and include variable consideration for retroactive revenue adjustments due to settlement of third-party payor audits or reviews. Patients and third-party payors are billed after the services are performed and/or the patient is discharged from the facility. City of Hope recognizes revenue as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by City of Hope. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to the total expected. City of Hope believes this method provides a reasonable depiction of the transfer of services over the term of the performance obligation based on the inputs necessary to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients receiving inpatient care services and the performance obligation is measured from admission to the hospital to the point when it is no longer required to provide goods or services to the patient for that admission, which is generally at the time of discharge. Outpatient services are performance obligations satisfied at a point in time and revenue is recognized when services are provided, and City of Hope does not believe it is required to provide additional services to the patient. Substantially all performance obligations relate to contracts with a duration of less than one year; City of Hope has elected to continue to apply the optional exemption provided in ASC 606-10-50-14(a) and therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period.

City of Hope has agreements with third-party payors that provide for payments to City of Hope at amounts different from established rates. Transaction prices are determined based on standard charges for goods and services provided to patients and are reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with City of Hope's charity policies, and historical experience. City of Hope determines its estimate of implicit price concessions based on historical collection experience using a portfolio approach updated for collection trends. City of Hope performs detailed reviews of historical write-offs and collections in estimating the collectability of accounts receivable. Updates to the estimation of variable consideration are performed at least quarterly based on historical collections and write-off data.

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

2. Summary of Significant Accounting Policies (continued)

Subsequent changes to estimates of the transaction price are generally recorded as adjustments to net patient revenue in the period of the change. Net patient revenue includes estimated settlements with third-party payors in the period in which the related services are rendered and adjusted in future periods as final settlements are determined. These settlements are considered variable consideration, which are estimated and evaluated based on the terms of the payment agreements and correspondence with the payor, and historical settlement activity to ensure it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Such estimates are based on the most likely amount and adjusted as new information becomes available, or as years are settled or no longer subject to a cost report audit, review, or investigation.

Property and Equipment

Property and equipment are stated at cost when purchased or at fair market value on the contribution date in the case of a donation. When property and equipment are sold or otherwise disposed of, the cost and related accumulated depreciation and amortization are removed from the accounts and any resulting gain or loss is included in other revenue or expense, respectively. The costs of maintenance, repairs, and minor replacements are charged to expense when incurred.

City of Hope provides for depreciation and amortization using the straight-line method over the following estimated useful lives:

Buildings and improvements	7 to 40 years
Equipment and furniture	3 to 15 years
Software	3 to 5 years

City of Hope reviews long-lived assets for impairment when events or changes in business conditions indicate that the carrying value of the asset (asset group) may not be recoverable. If deemed nonrecoverable, the asset shall be adjusted to its estimated fair value with the impairment loss included in other expense.

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

2. Summary of Significant Accounting Policies (continued)

Leases

City of Hope enters into right-of-use operating and finance leases primarily for buildings and equipment. For leases with terms greater than 12 months, City of Hope records the related right-of-use asset and liability at the present value of the lease payments over the contract term using a risk-free interest rate when the rate implicit in the lease is not readily determinable. City of Hope elected the practical expedient not to separate contract lease and non-lease components. Building lease agreements generally require City of Hope to pay maintenance, repairs, property taxes, and insurance costs, which are variable amounts based on actual costs incurred during each applicable lease period. Such costs are not included in the determination of right-of-use assets or liabilities. Variable lease costs also include escalating rent payments over the lease term based on changes in the consumer price index or other measures of inflation. Leasehold improvements are amortized on a straight-line basis over the term of the lease or estimated useful life, whichever is shorter. Amortization of finance leases is included within depreciation and amortization.

Most leases include one or more options to renew the lease at the end of the initial term, with renewal terms that generally extend the lease at the then-market rate of rental payments. City of Hope evaluates whether it is reasonably certain such renewal options shall be executed in evaluating the appropriate lease term for calculating the lease liability. Certain leases also include an option to buy the underlying asset at or a short time prior to the termination of the lease. All such options are at City of Hope's discretion and are evaluated at the commencement of the lease, with only those options that are reasonably certain of exercise included in the determination of the appropriate lease term. The discount rates applied in measurement of the lease liability is the risk-free rate associated with the term of the lease.

Goodwill and Other Intangible Assets

Goodwill represents the excess of the consideration paid over the fair value of the net assets acquired. City of Hope has elected to amortize goodwill, under the accounting alternative, on a straight-line basis over ten years. The annual amortization expense was \$10,660 and the accumulated goodwill amortization was \$61,153 and \$50,493, respectively, as of September 30, 2025 and 2024. City of Hope performs a one-step impairment evaluation at the entity level only when an impairment indicator exists. There was no indication of impairment for goodwill as of September 30, 2025 or 2024. Goodwill, net of amortization, was \$45,446 and \$56,106 as of September 30, 2025 and 2024, respectively.

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

2. Summary of Significant Accounting Policies (continued)

Intangible assets other than goodwill consist of indefinite-lived trade name of \$4,000 and definite-lived intangible assets, net of accumulated amortization, totaling \$2,845 and \$3,342 as of September 30, 2025 and 2024, respectively. Definite-lived intangible assets are amortized on a straight-line basis over the estimated useful life of the assets. City of Hope recorded \$496 and \$486 of amortization expense during the fiscal years ended September 30, 2025 and 2024, respectively, which is included in depreciation and amortization. Estimated amortization expense for intangible assets is approximately \$489 annually for the next five years and \$400 thereafter.

Definite-lived intangibles are subject to an impairment assessment when significant indicators of impairment exist with impairment loss included in other expense. No impairment loss was recorded in 2025 and 2024, respectively.

Net Assets Without Donor Restrictions

A rollforward of controlling interests and noncontrolling interests net assets without donor restrictions for the fiscal years ended September 30, 2025 and 2024, is as follows:

	Controlling Interests	Noncontrolling Interests	Total
Net assets, September 30, 2023	\$ 3,348,825	\$ 27,138	\$ 3,375,963
Changes in net assets before other changes	299,310	(4,061)	295,249
Contribution from noncontrolling interest	–	2,495	2,495
Balance as of September 30, 2024	3,648,135	25,572	3,673,707
Changes in net assets before other changes	135,563	(2,933)	132,630
Contribution from noncontrolling interest	–	3,999	3,999
Balance as of September 30, 2025	<u><u>\$ 3,783,698</u></u>	<u><u>\$ 26,638</u></u>	<u><u>\$ 3,810,336</u></u>

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

2. Summary of Significant Accounting Policies (continued)

Contributions

All contributions are considered without donor restrictions, unless specifically restricted by the donor. Amounts received that are designated for future periods or are restricted by the donor for specific purposes are reported as contributions with donor restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulated that resources be maintained in perpetuity in a true endowment.

When the donor designation is met, a stipulated time restriction ends, or a purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions, which is reflected as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same fiscal period as the contributions are received are also reflected as net assets released from restrictions.

City of Hope is the beneficiary under various wills and trust agreements of which the total realizable amount is not readily determinable at the date of gift. In the case of wills, such amounts are recognized as contributions when the will is declared valid by a probate court and the proceeds are measurable. For the fiscal years ended September 30, 2025 and 2024, valid will and trust agreement amounts that became measurable totaled \$51,270 and \$43,173, respectively, and are included in contributions.

Promises to Give

City of Hope reports unconditional promises to give as contributions with donor restrictions and such contributions are recognized at fair value, which represents the net present value of expected future payments. The discount rate used is the estimated risk-free rate at the time of donation, which ranged from 3.14% to 5.55% and 1.20% to 4.96%, for the fiscal years ended September 30, 2025 and 2024, respectively. The fair value estimate includes management's consideration of City of Hope's historical experience with collections, creditworthiness, and other factors.

Changes in the allowance for uncollectible promises to give and the amortization of pledge discounts are included in contribution revenue to the extent previously recognized when collected. Subsequent changes in the collectability of promises to give are included in other expense.

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

2. Summary of Significant Accounting Policies (continued)

The net unconditional promises to give consist of the following as of September 30:

	2025	2024
Due in one year or less	\$ 63,277	\$ 101,700
Due after one year through five years	214,815	224,873
Due after five years	97,228	109,217
Total unconditional promises to give, gross	375,320	435,790
Less allowance and discounts	(60,448)	(63,737)
Total unconditional promises to give, net	314,872	372,053
Less current	(63,277)	(101,700)
Total unconditional promises to give, noncurrent	\$ 251,595	\$ 270,353

Split-Interest Agreements

City of Hope receives contributions from various types of split-interest agreements, including charitable gift annuities, charitable remainder annuity trusts, and charitable remainder unitrusts. City of Hope may be named as a trustee or a co-trustee, or a financial institution may be named as the trustee. Under a charitable gift annuity arrangement, City of Hope recognizes the agreement in the period in which the contract is executed. The assets from the donor are recognized at fair value, and the liabilities designated by the donor to various beneficiaries are recognized at the present value of the estimated future payments to be distributed by City of Hope to such beneficiaries. The discount rate applied as of September 30, 2025 and 2024 was 4.8% and 3.8%, respectively. The difference between the assets and liabilities represents the amount of the contribution revenue.

Some states have laws that mandate certain requirements regarding gift annuity reserves. These laws can be based on where the nonprofit entity is located or where the gift annuity donor resides. City of Hope has state-mandated reserves above the actuarial annuity reserves in the amount of \$989 and \$571 as of September 30, 2025 and 2024, respectively. Additionally, City of Hope has voluntary reserves in the amount of \$10,423 and \$10,553 as of September 30, 2025 and 2024, respectively, that are to protect the reserve fund against unexpected market fluctuations and actuarial changes. These voluntary reserves are included in investments and net assets without donor restrictions.

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

2. Summary of Significant Accounting Policies (continued)

Under charitable trust arrangements in which City of Hope is not the trustee or is a co-trustee, City of Hope recognizes, in the period the agreement is executed, donor-restricted long-term contribution receivables and contribution revenues at the present value of the estimated future benefits to be received when the trust assets are expected to be distributed. Trust distributions are recorded as a reduction in receivables, while adjustments to the receivables to reflect amortization of the discount and changes in actuarial assumptions during the term of the trust are recorded as donor-restricted contributions.

Receivables totaling \$83,374 and \$93,985 as of September 30, 2025 and 2024, respectively, are to be collected over the average remaining life of 15.9 and 13.8 years, respectively. There was no contribution revenue related to split-interest agreements recognized for the fiscal year ended September 30, 2025 and 2024.

Research Grants, Contracts, and Clinical Trials Revenue

Research grants, contracts, and clinical trials revenue includes federal, state, and local jurisdiction awards and other exchange transactions. An exchange transaction is one in which there is reciprocal benefit where each party receives an approximate commensurate value. Research grants, contracts, and clinical trials revenue is recognized in the period it is earned based on when the applicable project expenses have been incurred and project milestones are achieved.

Payments received in advance of related project expenses are recorded as contract liabilities.

Contract Liabilities

City of Hope defers recognition of revenue received in advance of certain performance obligations, including fundraising events, research grants, and other agreements, prior to such funds being earned. The following is a summary of contract liabilities as of September 30:

	2025	2024
Fundraising events and other activities	\$ 5,286	\$ 2,958
Donor-restricted conditional contributions	631	672
Grants revenue	32,566	28,500
Total contract liabilities	<u>\$ 38,483</u>	<u>\$ 32,130</u>

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

2. Summary of Significant Accounting Policies (continued)

For the fiscal years ended September 30, 2025 and 2024, \$30,665 and \$20,940, respectively, was recognized in revenue from contract liabilities.

Income Taxes

City of Hope is exempt from federal income tax under Section 501(a) as described in Section 501(c)(3) of the U.S. Internal Revenue Code. City of Hope, the Center, the Foundation, the Institute and HoldCo are exempt from California state franchise and income tax under Section 23701(d) of the California Revenue and Taxation Code.

TGen is exempt from Arizona corporate income tax under Section 43-1201(A) of the Arizona Revised Statutes. The 100% wholly owned entities of TGen are single-member, limited liability companies and are considered disregarded entities for tax purposes.

AH is majority owned by City of Hope and is treated as a partnership for federal and state income tax purposes until March 31, 2024. AH made a “check-the-box” election with an effective date of April 1, 2024, and is treated as a C-corporation for tax purposes. SCRO is treated as a partnership for federal and state income tax purposes.

ASC 740, *Income Taxes*, clarifies the accounting for income taxes by prescribing a minimum recognition threshold that a tax position is required to meet before being recognized in the consolidated financial statements. City of Hope has no significant uncertain tax positions or tax liability for tax benefits, interest, or penalties accrued as of September 30, 2025 or 2024.

3. Fair Value of Financial Instruments

City of Hope’s financial instruments include cash and cash equivalents, patient accounts receivable, grants and other receivables, short- and long-term investments, prepaid and other, accounts payable and other accrued liabilities, estimated amounts due from/to third-party payors, interest rate swaps, and annuity and split-interest agreement obligations. City of Hope considers the carrying amounts of current assets and liabilities (except for investment securities, which are carried at fair value, as described in Note 2) to approximate the fair value of these financial instruments because of the relatively short period of time between origination of the instruments and their expected realization.

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

3. Fair Value of Financial Instruments (continued)

Fair value is based on the price that would be received to sell an asset or paid to transfer liability in an orderly transaction between market participants at the measurement date. To increase consistency and comparability in fair value, a fair value hierarchy for valuation inputs was established that prioritizes inputs used to measure fair value into three broad levels, which are described below in the order of priority:

Level 1 (highest): Quoted prices (unadjusted) in active markets that are accessible for identical assets or liabilities.

Level 2: Observable prices that are based on inputs not quoted on active markets but can be corroborated by market data.

Level 3 (lowest): Unobservable inputs are used when little or no market data is available.

Assets and liabilities measured at fair value are based on one or more of three valuation techniques as identified in the tables below. Where more than one technique is noted, individual assets or liabilities were valued using one or more of the noted valuation techniques, as follows:

- (a) *Market approach*. Prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities.
- (b) *Cost approach*. Amount that would be required to replace the service capacity of an asset (replacement cost).
- (c) *Income approach*. Techniques to convert future amounts to a single present amount based on market expectations, including present value techniques.

City of Hope utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible in its assessment of fair value. City of Hope incorporates credit valuation adjustments to appropriately reflect both its own nonperformance risk and the respective counterparty's nonperformance risk in the fair value measurements.

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

3. Fair Value of Financial Instruments (continued)

City of Hope's assets and liabilities, measured at fair value on a recurring basis or at net asset value ("NAV") as a practical expedient to fair value, aggregated by the level in the fair value hierarchy and valuation technique as of September 30 are as follows:

	Investments at Fair Value				Investments		Valuation	
	Level 1	Level 2	Level 3	Fair Value	at NAV	Total	Technique	
							(a, b, c)	
2025								
Investments:								
U.S. Government and agency obligations	\$	–	\$ 13,211	\$ –	\$ 13,211	\$ –	\$ 13,211	a
Corporate obligations		–	82,010	–	82,010	–	82,010	a
Asset-backed obligations		–	29,446	–	29,446	–	29,446	a
Mortgage-backed obligations		–	6,061	–	6,061	–	6,061	a
Marketable securities	859,482	–	–	859,482	–	859,482		a
Municipal obligations		–	548	–	548	–	548	a
Hedge funds, including private credit		–	–	–	276,610	276,610		
Equity commingled funds		–	–	–	1,165,865	1,165,865		
Private equity funds		–	–	–	873,712	873,712		
Private real assets		–	–	–	335,018	335,018		
Cash equivalents	354,222	–	–	354,222	–	354,222		a
Total investments	1,213,704	131,276	–	1,344,980	2,651,205	3,996,185		
Other long-term assets:								
Marketable securities	80,642	–	–	80,642	–	80,642		a
Total other long-term assets	80,642	–	–	80,642	–	80,642		
Interest rate swaps:	–	9,972	–	9,972	–	9,972		c
Total investments, interest rate swaps, and other long-term assets	\$ 1,294,346	\$ 141,248	\$ –	\$ 1,435,594	\$ 2,651,205	\$ 4,086,799		
Liabilities at fair value:								
Annuity and split-interest obligations	\$	–	\$	36,825	\$ 36,825	\$	36,825	c
Total liabilities	\$	–	\$	36,825	\$ 36,825	\$	36,825	

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

3. Fair Value of Financial Instruments (continued)

	Investments at Fair Value				Investments		Valuation				
	Level 1	Level 2	Level 3	Fair Value	at NAV	Total	Technique				
							(a, b, c)				
2024											
Investments:											
U.S. Government and agency obligations	\$	—	\$	12,809	\$	—	\$	12,809	a		
Corporate obligations		—		78,502		—		78,502	a		
Asset-backed obligations		—		23,226		—		23,226	a		
Mortgage-backed obligations		—		4,009		—		4,009	a		
Marketable securities	799,303		—	799,303		—		799,303	a		
Municipal obligations		—		722		—		722	a		
Hedge funds, including private credit		—		—		356,729		356,729			
Equity commingled funds		—		—		1,164,980		1,164,980			
Private equity funds		—		—		780,261		780,261			
Private real assets		—		—		292,396		292,396			
Cash equivalents	336,855		—	336,855		—		336,855	a		
Total investments	1,136,158	119,268	—	1,255,426	2,594,366			3,849,792			
Other long-term assets:											
Marketable securities	69,911	—	—	69,911	—			69,911	a		
Total other long-term assets	69,911	—	—	69,911	—			69,911			
Interest rate swaps	—	8,601	—	8,601	—			8,601	c		
Total investments, interest rate swaps, and other long-term assets	\$ 1,206,069	\$ 127,869	\$ —	\$ 1,333,938	\$ 2,594,366			\$ 3,928,304			
Liabilities at fair value:											
Annuity and split-interest obligations	\$	—	\$	—	\$	36,955	\$	—	\$	36,955	c
Interest rate swaps		—		1,896		—		1,896		1,896	c
Total liabilities	\$	—	\$	1,896	\$	36,955	\$	—	\$	38,851	

There were no transfers between levels in the hierarchy for the periods presented.

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

3. Fair Value of Financial Instruments (continued)

Below summarizes the Level 3 assets and liabilities activities for the periods presented:

	<u>Assets</u>	<u>Liabilities</u>
Ending balance as of September 30, 2023	\$ —	\$ 33,053
Additions	—	2,734
Investment returns, net	—	799
Distributions	—	(1,493)
Change in fair value	—	1,862
Ending balance as of September 30, 2024	—	36,955
Additions	—	2,392
Investment returns, net	—	2,259
Distributions	—	(3,035)
Change in fair value	—	(1,746)
Ending balance as of September 30, 2025	<u><u>\$ —</u></u>	<u><u>\$ 36,825</u></u>

The following reconciles fair value amounts to the consolidated statements of financial position as of September 30:

	<u>2025</u>	<u>2024</u>
Cash and cash equivalents	\$ 511,546	\$ 547,294
Short-term investments	1,324,458	1,467,415
Self-insurance trust funds	4,537	3,628
Long-term investments	11,254	8,702
Board-designated assets	1,544,528	1,464,591
Bond trust funds	34	12
Donor-restricted investments	983,866	865,867
Interest rate swaps	9,972	8,601
	<u>4,390,195</u>	<u>4,366,110</u>
Less investment at net asset value	(2,651,205)	(2,594,366)
Less amounts held in operating cash	(375,988)	(499,667)
Less investments measured under accounting alternative	(8,050)	(8,050)
Plus amounts in other long-term assets	80,642	69,911
Investments at fair value	<u><u>\$ 1,435,594</u></u>	<u><u>\$ 1,333,938</u></u>

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

3. Fair Value of Financial Instruments (continued)

City of Hope's hedge fund investments consist of direct and multi-manager "fund of funds" investments. Strategies include long/short equity, long/short credit, private credit, and other strategies. Investments in these funds have limited liquidity and may be subject to various lockup periods, redemption fees, and notice requirements. Open-end funds typically reserve the right to reduce or suspend redemptions (gating event) and to satisfy redemptions by making distributions in kind, under certain circumstances. Additionally, open-end funds may hold, directly or indirectly, side-pocket investments where no redemptions are permitted until such investments are liquidated or deemed realized. Redemption periods range from monthly, quarterly, or annually with notice requirements between 30 and 90 days. City of Hope also invests in closed-end limited partnerships with private equity-like terms, including fund terms of eight years or greater, and capital calls on unfunded commitments, during its investment period. These select funds include credit strategies in which City of Hope may not withdraw, sell, assign, or transfer its interests, except in certain limited circumstances subject to consent by the general partners of the funds.

City of Hope's equity commingled funds invest primarily in marketable securities and fund limited partnerships. Various strategies seek to achieve attractive risk-adjusted returns across public and private equity and debt securities, derivatives, private companies, venture capital, real estate, etc. These alternative investments may invest in both registered and non-registered securities in the U.S. and globally, with exposure to both emerging and developed markets.

City of Hope's private equity investments consist of closed-end limited partnerships. Strategies include buyout, venture/growth capital, debt, and secondary private equity. Fund terms are typically ten years or greater. City of Hope may not withdraw, sell, assign, or transfer its interests in these funds, except in certain very limited circumstances, subject to consent by the general partners of the funds.

City of Hope's public and private real asset investments consist of fund limited partnerships that may invest in equity and debt of commercial, industrial, and residential properties, and energy and related companies. Fund terms are typically ten years or greater and City of Hope may not withdraw or sell, assign, or transfer its interests in these funds except in certain very limited circumstances, subject to consent by the general partners of the funds.

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

3. Fair Value of Financial Instruments (continued)

City of Hope's commitments to fund limited partnerships are generally structured as drawdown funds, to which City of Hope funds future capital calls as investments are made over the investment period as established in the respective fund terms. Based upon the most recent available information, the outstanding unfunded commitments as of September 30, 2025, are as follows:

	<u>2025</u>
Private equity	\$ 372,700
Private real assets:	
Real estate	145,500
Natural resources	9,700
Private credit	<u>47,800</u>
Total unfunded commitments	<u>\$ 575,700</u>

The fair value of annuity and split-interest obligations has been determined using present value techniques based on mortality tables and discount rates that are consistent with Internal Revenue Service published rates and the American Council on Gift Annuities.

The fair value of interest rate swaps has been determined using the discounted cash flow analysis on the expected cash flows of each derivative based on the contractual terms, and observable market-based inputs, including interest rate curves and implied volatilities under the income approach.

Other long-term assets consist of 457(b) plans that are funded by plan participants of City of Hope.

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

4. Patient Accounts Receivable and Net Patient Service Revenues

Net patient service revenues for the fiscal years ended September 30 are as follows:

	2025	2024
Medicare	\$ 1,469,860	\$ 1,208,915
Medicaid	282,889	248,062
Contracted plans (including commercial, Medicare Advantage, and Medicaid managed care)	2,934,668	2,582,625
Indemnity, self-pay, and other	161,196	116,790
Net patient service revenues	<u>\$ 4,848,613</u>	<u>\$ 4,156,392</u>

City of Hope recognizes that revenues and receivables from government agencies are significant to its operations, but it does not believe there are significant credit risks associated with these government agencies. There are no significant concentrations of revenues or receivables from any payor that would subject City of Hope to any significant credit risks in the collection of patient accounts receivable.

The following table summarizes the percentages of gross accounts receivable from patients and third-party payors as of September 30:

	2025	2024
Medicare	19%	18%
Medicaid	3	4
Contracted plans (including commercial, Medicare Advantage, and Medicaid managed care)	73	74
Indemnity, self-pay, and other	5	4
	<u>100%</u>	<u>100%</u>

Patient service revenue includes retroactively determined settlements. City of Hope recorded increases to net patient service revenues totaling \$70,272 and \$36,066 for the fiscal years ended September 30, 2025 and 2024, respectively, related to prior period settlements.

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

4. Patient Accounts Receivable and Net Patient Service Revenues (continued)

During the fiscal year ended September 30, 2025, City of Hope recorded a \$39,185 reduction to net patient service revenues due to a change in estimate related to the collectability of patient service revenues earned prior to October 1, 2024. The collection of patient accounts receivable has been adversely impacted by claims denials and rejections from third party payers, including health insurers and government programs. This change in estimate reflects additional write-offs, net of recoveries, for receivables previously reserved for as of September 30, 2024.

Hospital Fee Programs

The state of California enacted legislation for a hospital fee program to fund certain Medicaid coverage expansions. The program charges hospitals a quality assurance fee that is used to obtain federal matching funds for Medicaid with the proceeds redistributed as supplemental payments to California hospitals that treat Medicaid patients. There were two programs under the California hospital fee program with activity for the fiscal years ended September 30, 2025 and 2024: (1) a 24-month hospital fee program covering the periods from January 1, 2023 through December 31, 2024 and (2) a 12-month hospital fee program covering the period from January 1, 2025 through December 31, 2025. City of Hope also recognized net patient service revenue and hospital provider fee expenses associated with the Hospital Assessment Program for the state of Illinois.

The following table summarizes the net patient service revenues and hospital provider fee expenses from the hospital fee programs for the fiscal years ended September 30:

	2025	2024
Hospital fee program revenue (net patient service revenues)	\$ 141,046	\$ 100,045
Hospital provider fee expense	(86,345)	(50,721)
Income from hospital fee program	<u>\$ 54,701</u>	<u>\$ 49,324</u>

As of September 30, 2025, \$19,649 and \$94,935 of hospital fee programs receivable is included in grants and other receivables and other long-term assets, respectively, and \$19,056 and \$40,910 of hospital fee programs payable is included in other accrued liabilities and other long-term liabilities, respectively. As of September 30, 2024, \$75,470 of hospital fee programs receivable is included in grants and other receivables, and \$35,381 of hospital fee programs payable is included in other accrued liabilities.

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

5. Patient Charity Care

City of Hope provides care to patients who do not have the ability to pay and who meet City of Hope's criteria for financial assistance. Charity care is defined as uncompensated services provided to patients who cannot afford health care because of inadequate resources and/or who are uninsured. Certain medically necessary services provided to Medicare and Medicaid patients who are not reimbursed by the Medicaid program have been included in the estimated cost of patient charity care. City of Hope does not report charity care as net patient service revenue. The estimated cost represents the total direct and indirect cost calculated at the medical procedure level and pertains specifically to the respective charity and Medicare and Medicaid patient populations.

Procedure level cost includes the direct costs, such as labor and supplies, involved in providing the specific service, as well as an applicable allocation of departmental overhead (e.g., departmental management) and institutional overhead (e.g., administration, depreciation, and utilities).

The cost of providing charity care services during the fiscal years ended September 30, 2025 and 2024, was \$66,070 and \$69,474, respectively. See Note 16, Community Benefit Expense (Unaudited), for additional disclosure related to benefits for the broader community and support of governmental health care programs.

6. Property and Equipment, Net

A summary of the cost and accumulated depreciation and amortization of property and equipment as of September 30 is as follows:

	2025	2024
Land	\$ 116,793	\$ 89,944
Buildings	1,846,375	1,404,696
Leasehold improvements	289,989	273,514
Equipment and furniture	1,211,891	1,079,428
Software	464,511	442,663
	<u>3,929,559</u>	<u>3,290,245</u>
Accumulated depreciation and amortization	(1,852,040)	(1,662,827)
	<u>2,077,519</u>	<u>1,627,418</u>
Construction-in-progress	714,101	981,453
Total property and equipment, net	<u>\$ 2,791,620</u>	<u>\$ 2,608,871</u>

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

6. Property and Equipment, Net (continued)

Depreciation and amortization expense on property and equipment totaled \$203,595 and \$202,956 for the fiscal years ended September 30, 2025 and 2024, respectively. For the fiscal years ended September 30, 2025 and 2024, City of Hope recorded an impairment loss of \$17,928 and \$3,933, respectively, on long-lived assets, which is included in other expense. The impairment loss was recognized for the remaining carrying value with no residual value assigned for the assets deemed obsolete.

7. Liquidity and Availability

City of Hope's financial assets available for general expenditure within one year of September 30 include the following:

	2025	2024
Cash and cash equivalents	\$ 511,546	\$ 547,294
Short-term investments	1,324,458	1,467,415
Patient accounts receivable	609,886	646,829
Grants and other receivables	168,803	224,657
Board-designated assets	1,544,528	1,464,591
	<u>\$ 4,159,221</u>	<u>\$ 4,350,786</u>

As part of City of Hope's liquidity management plan, cash in excess of any daily requirement is invested in long-term investments. The investment portfolio contains liquid investments that can be drawn upon if necessary to meet liquidity needs. Investments limited as to use, such as self-insurance trust funds, investments held for long-term purposes, bond trust funds, and donor-restricted funds, are not included in the amounts disclosed above.

Board-designated assets include funds set aside to function as institutionally designated endowments as established by the Board of Directors for future research, program services, and capital expenditures for City of Hope. Board-designated assets can be used for liquidity purposes related to research, program services, and capital expenditures upon the approval of the Board of Directors.

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

7. Liquidity and Availability (continued)

City of Hope invests in alternative investments to increase the investment portfolio's diversification. Generally, these investments can be liquidated as needed by City of Hope to be available for City of Hope's general expenditures within one year of the consolidated statements of financial position. The redemption of the alternative investments may be subject to certain restrictions that do not have an impact on the liquidity profile.

Line of Credit

City of Hope maintains a syndicated revolving line of credit with certain banking institutions of up to \$450,000 that expired on April 18, 2025. Prior to its expiration, City of Hope amended its line of credit in February 2025 with certain banking institutions to a revolving commitment of up to \$350,000 with an option to add an additional \$100,000 with the approval of the banks ("Line of Credit"). The Line of Credit will expire on February 7, 2028 and is secured as an obligation under the Obligated Group's Master Trust Indenture, as amended ("MTI"). City of Hope draws on the Line of Credit for general operating or liquidity needs as required. The amount drawn is subject to a Secured Overnight Financing Rate ("SOFR") interest rate of one to three months plus a spread at the time of borrowing. A nonrefundable unutilized fee is incurred at a rate based on City of Hope's credit rating, which is applied to any unused commitment balance. Commitment fees of \$1,244 and \$1,369 were incurred for the fiscal years ended September 30, 2025 and 2024, respectively.

As of September 30, 2025, there was no outstanding balance on the Line of Credit. As of September 30, 2024, the outstanding Line of Credit balance, included in long-term debt, net of current portion, was \$119,000 and was subsequently refinanced under a two-year term loan (refer to Note 8, Long-Term Debt).

Standby Letters of Credit

City of Hope maintains standby letters of credit as required by various agencies to which City of Hope, CAP Entities and TGen are parties. In addition, City of Hope has a standby letter of credit associated with its commercial paper program as described below. As of September 30, 2025 and 2024, there was no outstanding balance on the standby letters of credit.

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

7. Liquidity and Availability (continued)

Commercial Paper Program

City of Hope has a commercial paper program that permits the issuance of up to \$250,000 in aggregate principal outstanding at a discount, with maturities limited to 270-day periods. City of Hope offered the initial \$125,000 in aggregate principal outstanding of taxable commercial paper notes ("CP Series A Notes"), which were issued on September 30, 2023 for the full amount. In March 2024, City of Hope offered the remaining \$125,000 in aggregate principal outstanding of taxable commercial paper notes ("CP Series B Notes"), which were issued on April 17, 2024 for the full amount. The CP Series A Notes are backed by a standby letter of credit and the CP Series B Notes are backed by City of Hope's self-liquidity, which includes City of Hope's cash management and operating investment programs, to ensure the availability of funds to purchase any commercial paper that the dealer is unable to remarket. The standby letter of credit expires on September 26, 2027, subject to earlier termination in accordance with its terms and may be extended upon written notice. In addition, City of Hope incurs a non-refundable unutilized fee at a rate based on City of Hope's credit rating applied to the unused commitment balance.

During fiscal year ended September 30, 2025, City of Hope paid down an aggregate total of \$50,000 associated with the CP Series B Notes from its operating funds. At September 30, 2025 and 2024, the balance outstanding under the commercial paper program was \$200,000 and \$250,000, respectively, which was issued at a discount (\$198,846 and \$246,963 net, respectively) with an average maturity of 49 days and 83 days, at the prevailing market interest rates (average of 4.25% and 5.33%, respectively).

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

8. Long-Term Debt

The following is a summary of City of Hope's long-term debt as of September 30:

	<u>2025</u>	<u>2024</u>
Series 2012A Revenue Bonds – 3.75% to 5.00% fixed rate tax-exempt Revenue Bonds Series 2012A, originally \$234,635, issued through the California Health Facilities Financing Authority (“CHFFA”). Interest payable semiannually on May 15 and November 15 and principal due annually (after partial redemption by Series 2025) beginning on November 15, 2036 through 2039	\$ 20,000	\$ 173,045
Series 2013 Notes – 5.62% fixed rate taxable direct obligation notes, originally \$350,000. Interest due semiannually on May 15 and November 15, and principal due in full on November 15, 2043	350,000	350,000
Series 2017 Revenue Notes – variable rate tax-exempt revenue notes Series 2017A, originally \$32,680, and Series 2017B, originally \$32,680, issued through the CHFFA. Interest due monthly and principal due annually beginning on November 15, 2039 through November 15, 2042	65,360	65,360
Series 2018 Notes – 4.38% fixed rate taxable direct obligation notes, originally \$300,000. Interest due semiannually on February 15 and August 15, and principal due in full on August 15, 2048	300,000	300,000
Series 2019 Revenue Bonds – 4.00%–5.00% fixed rate tax-exempt Revenue Bonds Series 2019, originally \$334,905, issued through the CHFFA. Interest due semiannually on May 15 and November 15, and principal due annually (after partial redemption by Series 2025) beginning on November 15, 2040 through November 15, 2049	274,905	334,905

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

8. Long-Term Debt (continued)

	2025	2024
2022 Notes – 5.81%–6.34% fixed rate taxable direct obligation notes, originally \$600,000. Interest due semiannually on May 15 and November 15, principal due by tranche on November 15, 2027, November 15, 2032, and November 15, 2052, under Series 2022BCDE and Series 2023A	\$ 600,000	\$ 600,000
2023 IFA Loan – 6.85% fixed rate tax-exempt revenue bonds Series 2023A, originally \$207,900, and variable rate taxable revenue Bonds Series 2023B, originally \$442,100. Interest due monthly and principal due in full on November 15, 2053 for Series 2023A and October 15, 2024 for Series 2023B	207,900	531,000
Line of Credit – long-term variable rate line of credit. Interest due monthly and principal paid in full on October 15, 2024 (refinanced by 2024 Term Loan)	–	119,000
2024 Term Loan – 5.61% fixed rate taxable term loan, originally \$442,100. Interest due monthly and principal due in full on October 8, 2026	442,100	–
2024 OC Note – 5.00% fixed rate taxable secured note, originally \$43,500. Interest due monthly and principal due in full on December 13, 2026	43,500	–
Series 2025 Revenue Bonds – 5.00% fixed rate tax-exempt revenue bonds Series 2025, originally \$189,140, issued through the CHFFA. Interest due semiannually on May 15 and November 15, and principal due annually beginning on November 15, 2028 through 2039	189,140	–
	2,492,905	2,473,310
Less current maturities of long-term debt	–	(333,565)
Less unamortized bond issue costs	(4,832)	(4,819)
Less unamortized discount	(4,354)	(5,421)
Plus unamortized premium	46,864	50,240
	<u>\$ 2,530,583</u>	<u>\$ 2,179,745</u>

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

8. Long-Term Debt (continued)

Long-term debt maturities as of September 30, 2025, and payments for subsequent fiscal years are as follows:

2026	\$ —
2027	485,600
2028	132,500
2029	13,920
2030	14,635
Thereafter	1,846,250
	<u>\$ 2,492,905</u>

Each of the following long-term debt instruments are secured by obligations issued under the Obligated Group's MTI, and such obligations are secured by a gross receivables pledge. As of September 30, 2025 and 2024, the Obligated Group was in compliance with its financial covenants for the respective issued debt obligations under the MTI.

Series 2012 Revenue Bonds (Tax Exempt) – In November 2012, the CHFFA issued \$234,635 of tax-exempt fixed rate revenue bonds at a premium totaling \$29,887 (Series 2012A), \$32,500 of tax-exempt variable rate revenue bonds (Series 2012B), and \$32,500 of tax-exempt variable rate revenue bonds (Series 2012C) and loaned the proceeds to City of Hope. The proceeds from the Series 2013 Notes were used for the Obligated Group's capital needs in furtherance of the implementation of the Obligated Group's strategic plan. The Series 2012B and Series 2012C bonds were subsequently refunded by the Series 2017 notes as described below. In June 2025, a portion of the Series 2012A Revenue Bonds were redeemed for \$145,095 principal plus accrued interest by the Series 2025 Revenue Bonds, as described below.

Series 2013 Notes (Taxable) – In July 2013, City of Hope issued \$350,000 of Series 2013 fixed rate Direct Obligation Notes. The proceeds from the Series 2013 Notes were used for the Obligated Group's capital needs in furtherance of the implementation of the Obligated Group's strategic plan.

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

8. Long-Term Debt (continued)

Series 2017 Revenue Notes (Tax Exempt) – In February 2017, the CHFFA issued Series 2017A variable rate revenue notes totaling \$32,680 and Series 2017B variable rate revenue notes totaling \$32,680 and loaned the proceeds to City of Hope. City of Hope used the proceeds to refund the Series 2012B and Series 2012C revenue bonds. The Series 2017 Revenue Notes were directly purchased by a commercial bank and have the same maturity and approximate principal amortization as the refunded Series 2012B and Series 2012C revenue bonds and bear interest based on 70% of the one-month interest rate (SOFR plus a spread). The variable interest rates ranged from 3.60% to 4.07% for the fiscal year ended September 30, 2025, and 4.13% to 4.72% for the fiscal year ended September 30, 2024.

Series 2018 Notes (Taxable) – In May 2018, City of Hope issued \$300,000 of fixed rate Series 2018 Notes. The proceeds from the Series 2018 Notes are used for the Obligated Group's capital needs in furtherance of the implementation of the Obligated Group's strategic plan, including geographic expansion, addressing patient capacity, informatics, developing precision medicine, and funding research to support the development of innovative treatments.

Series 2019 Revenue Bonds (Tax Exempt) – In July 2019, the CHFFA issued \$334,905 of fixed rate tax-exempt Series 2019 Revenue Bonds at a premium of \$49,624 and loaned the proceeds to City of Hope. The proceeds from the Series 2019 Revenue Bonds were used for the construction and equipping of an outpatient clinic; a parking structure to support the outpatient clinic and balance parking requirements across the campus; and the construction of a building to provide accommodations for patients, family members, and guests. In June 2025, a portion of the Series 2019 Revenue Bonds were redeemed for \$57,485 principal plus accrued interest by the Series 2025 Revenue Bonds, as described below.

2022 Notes (Taxable) – On December 15, 2022, City of Hope issued \$600,000 of fixed rate direct obligation notes at par under a note purchase agreement. A portion of the 2022 Notes totaling \$525,000 was purchased on December 15, 2022, and will mature in tranches in the following amounts and dates: \$57,500 on November 15, 2027 (Series 2022B), \$175,000 on November 15, 2032 (Series 2022C), and \$292,500 on November 15, 2052 (Series 2022D and 2022E). The remaining portion of the 2022 Notes totaling \$75,000 was purchased on January 18, 2023, and will mature on November 15, 2027 (Series 2023A). The proceeds of the 2022 Notes were used for general corporate purposes.

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

8. Long-Term Debt (continued)

2023 IFA Loan (Tax-Exempt/Taxable) – On October 17, 2023, the IFA issued \$207,900 of fixed rate tax-exempt revenue bonds (Series 2023A) maturing on November 15, 2053, and \$442,100 variable rate taxable revenue bonds (Series 2023B) that matured on October 15, 2024. The proceeds were loaned to City of Hope. City of Hope used the proceeds to refinance the Series 2022A taxable bonds and related loans issued in November 2022. The original proceeds were used by HoldCo to prepay in full its obligations under a bridge loan used to finance the purchase of the CAP Entities and provide working capital and general corporate purposes. City of Hope paid down Series 2023B with a partial redemption of \$119,000 on February 5, 2024 and the remaining \$323,100 at its October 15, 2024 maturity date from general operating funds.

2024 Term Loan (Taxable) – On October 8, 2024, City of Hope entered into a \$442,100 fixed rate two-year term loan maturing on October 8, 2026. The proceeds from the 2024 Term Loan were used to refinance \$119,000 drawn from the Line of Credit in February 2024 and reimburse other capital expenditures related to the Orange County, California campus.

Series 2025 Revenue Bonds (Tax-exempt) – On June 12, 2025, the CHFFA issued \$189,140 of fixed rate tax-exempt Series 2025 Revenue Bonds at a premium of \$14,784 and loaned the proceeds to City of Hope. City of Hope used the proceeds to redeem a portion of the outstanding Series 2012A Revenue Bonds (\$145,095) and Series 2019 Revenue Bonds (\$57,485) plus accrued interest.

The following long-term debt instrument is secured by a deed of trust.

2024 OC Note (Taxable) – On December 11, 2024, City of Hope (through Property Holdings) entered into a \$43,500 fixed rate two-year secured note maturing on December 13, 2026. The note proceeds were used to fund the asset acquisition of an office building, land and related improvements in Orange County, California.

Interest Rate Swap Transactions – City of Hope uses interest rate swaps to manage interest rate risk associated with its outstanding variable rate debt obligations. City of Hope has four swap agreements in place and has the right to terminate the swaps prior to maturity for any reason with written notice.

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

8. Long-Term Debt (continued)

In November 2012, City of Hope entered into two interest rate swap agreements, with a notional amount of \$32,500 each (total \$65,000), that became effective on November 12, 2014 and maturing November 15, 2042 as an economic hedge against the variable interest rate payments on the Series 2012B and Series 2012C bonds (and subsequently refunded by the Series 2017 notes). City of Hope receives a floating rate tied to the interest rate (70% of SOFR) and pays a fixed rate of 2.715% and 2.720%, respectively, for the two interest rate swap agreements.

In February 2020, City of Hope entered into two forward-starting interest rate swap agreements with each having a notional amount of \$71,355 (total \$142,710) that became effective on November 15, 2022 and maturing November 15, 2039 as a hedge against the variable interest rate payments on a portion of the Series 2012A Bonds. One of these two agreements was terminated on November 16, 2022. The outstanding swap agreement has an amortizing notional schedule of \$71,355 through November 15, 2023, \$67,520 through the subsequent 12-months ended November 15, 2024 and \$63,485 through the subsequent 12-months ended November 15, 2025. City of Hope receives a variable rate of 70% of the federal funds rate and pays a fixed rate of 0.8805% to its swap counterparty.

In October 2023, City of Hope entered into a five-year interest rate swap agreement with a notional amount of \$207,900 that became effective on October 17, 2023 and maturing on October 17, 2028. The swap was entered into in conjunction with the Series 2023A bond. City of Hope receives a fixed rate of 6.85% and pays a variable rate of the Securities Industry and Financial Markets Municipal Association (or SIFMA) Municipal Swap Index plus a spread to its swap counterparty.

For the fiscal years ended September 30, 2025 and 2024, the change in the fair value of the interest rate swaps resulted in an unrealized gain of \$3,267 and an unrealized loss of \$5,737, respectively. Refer to Note 3, Fair Value of Financial Instruments, for the respective fair value of the interest rate swaps. The effect of the counterparty payments and receipts for the swaps was a net benefit of \$8,631 and \$6,097 for the fiscal years ended September 30, 2025 and 2024, respectively.

Interest and Capitalized Interest – Total interest cost incurred on all financing vehicles (including changes in fair value of interest rate swap agreements) totaled \$139,486 and \$148,261 in 2025 and 2024, respectively. Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets. Capitalization of interest ceases when construction is complete and the asset is ready for its intended use.

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

8. Long-Term Debt (continued)

For the fiscal year ended September 30, 2025, there was no capitalized interest income. For the fiscal year ended September 30, 2024, capitalized interest income of \$1,128 was earned on the 2019 bonds. Capitalized interest expense incurred during the same fiscal years was \$4,469 and \$12,101, respectively.

9. Endowment

Endowment funds are restricted to investments that are to be held in perpetuity to provide a permanent source of income. City of Hope's endowment as of September 30, 2025 consists of 151 individual funds established for a variety of purposes. The endowments include both donor-restricted "true" endowment funds, which are classified as net assets with donor restrictions, and funds designated by the Board of Directors to function as an endowment, which are classified as net assets without donor restrictions. City of Hope's endowment is invested in an investment pool. Below details the changes in endowment net assets for the fiscal years ended September 30:

	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, September 30, 2023	\$ 1,208,842	\$ 407,122	\$ 1,615,964
Investment returns, net	256,534	70,937	327,471
Change in donor designation	—	674	674
Contributions	—	21,847	21,847
Appropriation for expenditures	(785)	(10,852)	(11,637)
Endowment net assets, September 30, 2024	1,464,591	489,728	1,954,319
Investment returns, net	162,347	52,930	215,277
Contributions	—	25,303	25,303
Appropriation for expenditures	(82,410)	(16,624)	(99,034)
Endowment net assets, September 30, 2025	<u>\$ 1,544,528</u>	<u>\$ 551,337</u>	<u>\$ 2,095,865</u>

From time to time, the fair value of assets associated with individual donor-restricted true endowment funds may fall below the level that the donor or UPMIFA requires to be retained as a fund of perpetual duration. Deficiencies of this nature are reported in donor-restricted true endowment net assets. As of September 30, 2025 and 2024, respectively, there were no deficient funds.

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

9. Endowment (continued)

City of Hope follows the guidance outlined in the Uniform Prudent Management of Institutional Funds Act (“UPMIFA”) and classifies donor-restricted true endowment funds to include (1) the original value of gifts donated to the permanent endowment, (2) the original value of subsequent gifts to the permanent endowment, and (3) changes to the permanent endowment made in accordance with the direction of the applicable donor gift instrument. Also included in net assets with donor restrictions is the accumulated appreciation on donor-restricted true endowment funds, which are available for expenditure in a manner consistent with the standard of prudence prescribed by UPMIFA, and any deficiencies associated with investments where the value of the fund has fallen below the original value of the gift.

City of Hope considers the following factors when appropriating or accumulating donor-restricted endowment funds: duration and preservation of the fund, purposes of the donor-restricted endowment fund, general economic conditions, possible effects of inflation and deflation, expected total return from income and appreciation of investments, other resources of City of Hope, and the investment policies of City of Hope.

City of Hope has investment and spending policies designed to achieve a long-term rate of return intended to produce results that exceed the respective benchmark while assuming a moderate level of investment risk. To satisfy its long-term objectives, City of Hope relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). City of Hope targets a diversified asset allocation to achieve its long-term return objections within prudent risk constraints.

10. Net Assets With Donor Restrictions

Net assets with donor restrictions are available to fund the following purposes as of September 30:

	2025	2024
Time restricted under annuity and split-interest obligations and other	\$ 473,224	\$ 541,234
Patient care	85,027	65,577
Education	64,779	43,144
Research	761,301	669,681
Medical equipment and buildings	7,479	9,933
Total net assets with donor restrictions	<u>\$ 1,391,810</u>	<u>\$ 1,329,569</u>

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

10. Net Assets With Donor Restrictions (continued)

Net assets were released from donor restrictions by satisfying the following restricted purposes in the fiscal years ended September 30:

	2025	2024
Time restricted under annuity and split-interest obligations and other	\$ 22,939	\$ 9,307
Patient care	9,563	9,141
Education	4,128	2,177
Research	113,705	106,342
Equipment and buildings	7,446	20,007
Total donor-restricted net assets released from restrictions	<u>\$ 157,781</u>	<u>\$ 146,974</u>

11. Functional Classification of Expenses

City of Hope's primary program services consist of patient care, research, public information, and education. Expenses in general support of the program services of City of Hope are considered support services and include administrative and fundraising activities. Natural expenses that are attributable to more than one functional expense category are allocated using a variety of cost allocation methodologies, including headcount, square footage, and time and effort. Below details the total expenses by functional expense category for the fiscal years ended September 30:

	Patient Care	Research	Public Information and Education	Administrative	Fundraising	Total
2025						
Salaries, wages, and employee benefits	\$ 1,081,351	\$ 401,009	\$ 21,352	\$ 450,684	\$ 24,136	\$ 1,978,532
Purchased services and professional fees	358,188	138,226	14,629	264,475	13,471	788,989
Supplies and pharmaceuticals	1,934,447	118,939	1,732	39,843	6,347	2,101,308
Interest, including changes in fair value of swap agreements	78,789	17,890	1,154	33,916	-	131,749
Depreciation and amortization	116,277	45,117	1,518	58,130	289	221,331
Hospital provider fee	86,345	-	-	-	-	86,345
Equipment rental and maintenance	34,277	18,136	7,584	32,616	315	92,928
Occupancy	23,580	19,440	4,927	33,481	3,908	85,336
Insurance	4,798	2,026	977	5,340	138	13,279
Other expense	59,927	49,756	13,753	84,997	13,316	221,749
Total expenses	<u>\$ 3,777,979</u>	<u>\$ 810,539</u>	<u>\$ 67,626</u>	<u>\$ 1,003,482</u>	<u>\$ 61,920</u>	<u>\$ 5,721,546</u>

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

11. Functional Classification of Expenses (continued)

	Patient Care	Research	Public Information and Education	Administrative	Fundraising	Total
2024						
Salaries, wages, and employee benefits	\$ 986,049	\$ 377,945	\$ 19,135	\$ 403,607	\$ 23,962	\$ 1,810,698
Purchased services and professional fees	344,646	127,492	11,665	236,301	16,523	736,627
Supplies and pharmaceuticals	1,620,188	99,391	1,197	29,741	9,179	1,759,696
Interest, including changes in fair value of swap agreements	65,989	19,302	915	55,691	—	141,897
Depreciation and amortization	113,354	44,553	1,455	57,440	220	217,022
Hospital provider fee	50,721	—	—	—	—	50,721
Equipment rental and maintenance	31,116	17,587	8,708	28,170	390	85,971
Occupancy	20,786	16,673	4,904	28,318	4,004	74,685
Insurance	5,866	2,509	1,632	5,494	96	15,597
Other expense	44,429	41,733	13,201	48,516	1,701	149,580
Total expenses	<u>\$ 3,283,144</u>	<u>\$ 747,185</u>	<u>\$ 62,812</u>	<u>\$ 893,278</u>	<u>\$ 56,075</u>	<u>\$ 5,042,494</u>

12. Retirement Plans

City of Hope, the Center, the Foundation, the Institute, and AH (through December 31, 2023) participate in the City of Hope Defined Contribution Plan (the “Plan”). The Plan was established to provide benefits to eligible employees as defined in the Plan. Depending on years of service and salary, contributions range between 2% and 10% of qualified compensation for eligible participants and are subject to the Plan’s vesting provisions. The employer contribution is subject to Internal Revenue Code limitations.

The Center and the Institute participate in the City of Hope Research Staff Organization (“RSO”) Tax Deferred Annuity Plan, which was established to provide benefits to eligible members of City of Hope RSO as defined in the plan document. Participants receive employer contributions of 15% based on eligible salary. Further, the subsidiaries (TGen, SCRO, CAP Entities, and AH effective January 1, 2024) have their respective defined contribution plans provided to eligible employees with matching contributions subject to certain eligibility criteria.

Contribution expense for the plans totaled \$65,011 and \$56,930 for the fiscal years ended September 30, 2025 and 2024, respectively.

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

13. Insurance Programs

City of Hope has insurance coverage in place for workers' compensation, employee health and professional liabilities. The provisions include estimates for the ultimate costs for both reported claims and claims incurred but not reported. These estimates, as determined by a third-party actuary, incorporate City of Hope's historical experience and other factors, including the nature of claims, industry data, relevant trends, and the use of actuarial information.

Workers' Compensation and Employee Health

City of Hope carries two workers' compensation insurance programs (excluding SCRO as an independent coverage holder), both of which are occurrence-based policies. In California, the organization operates under a self-insured plan for claims up to \$1,000 per individual claim, supplemented by an excess insurance policy that covers amounts exceeding this threshold. In all other states, coverage is provided through a fully insured program at statutory limits, with a \$1,000 deductible per claim. In addition, City of Hope carries insurance for its self-funded plans to cover employee health benefits, including medical, pharmacy and dental.

The following is a summary of City of Hope's estimated worker's compensation liability as of September 30:

	2025	2024
Estimated liability, current portion	\$ 7,705	\$ 6,131
Estimated liability, long-term portion	33,247	28,172
Total estimated worker's compensation liability	<u>\$ 40,952</u>	<u>\$ 34,303</u>

The estimated worker's compensation liability is included in accrued salaries, wages, and employee benefits (current portion) and other long-term liabilities (long-term portion). Such accruals were recorded using a 4% discount factor as of September 30, 2025 and 2024. The basis of the discount rate is the risk-free rate of return and the estimated period over which claims will be settled. The accruals represent the total actuarially determined loss without reduction for the portion that is expected to be recoverable through insurance (\$13,543 and \$8,732 as of September 30, 2025 and 2024, respectively, reflected within other assets). Workers' compensation expense totaled \$12,130 and \$13,985 for the fiscal years ended September 30, 2025 and 2024, respectively.

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

13. Insurance Programs (continued)

The estimated liability for employee health claims totaled \$14,378 and \$11,717 as of September 30, 2025 and 2024, respectively, and is recorded in accrued salaries, wages, and benefits. Employee health benefit expense totaled \$165,772 and \$125,594 for the fiscal years ended September 30, 2025 and 2024, respectively.

Professional Liability Insurance

Effective February 1, 2024, City of Hope carries professional liability insurance under a claims-made commercial insurance policy consolidated into one policy covering all entities except SCRO. City of Hope is liable for up to \$1,000 retention per individual claim with an aggregate of up to \$6,000 overall with a \$40,000 total limit in annual aggregate claims.

Prior to February 1, 2024, the Center, the Foundation, and the Institute maintained professional liability insurance under a claims-made program with limits of \$250 retention per individual claim with a \$50,000 total limit in annual aggregate claims. The CAP Entities maintained professional liability insurance under a claims-made program with individual claim limits of \$2,000 retention in Arizona and \$5,000 in Georgia and Illinois with an aggregate \$40,000 total limit.

SCRO maintains health care professional liability insurance under a claims-made commercial insurance policy with limits of up to \$10,000 per occurrence and a deductible of \$10 for each claim.

The following is a summary of City of Hope's estimated professional liability as of September 30:

	2025	2024
Estimated liability, current portion	\$ 2,535	\$ 2,015
Estimated liability, long-term portion	8,428	6,799
Total estimated professional liability	<u>\$ 10,963</u>	<u>\$ 8,814</u>

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

13. Insurance Programs (continued)

The estimated professional liability is included within other accrued liabilities (current portion) and other long-term liabilities (long-term portion). Such accruals were recorded using a 4% discount factor as of September 30, 2025 and 2024. The basis of the discount rate is the risk-free rate of return and the estimated period over which claims will be settled. The accruals represent the total actuarially determined loss without reduction for the portion that is expected to be recoverable through insurance (\$2,711 and \$1,746 at September 30, 2025 and 2024, respectively), which are included in other assets. The professional liability insurance expense included in other expense amounted to \$3,853 and \$6,694 for the fiscal years ended September 30, 2025 and 2024, respectively.

14. Leases

Lease expense for lease payments is recognized on a straight-line basis over the lease term. The components of lease expense are as follows for the fiscal years ended September 30:

	2025	2024
Right-of-use operating:		
Operating lease expense	\$ 30,810	\$ 29,002
Variable lease expense	5,933	1,143
Short-term lease expense	5,428	3,389
Sublease income	(3,699)	(93)
Right-of-use finance:		
Amortization of leased assets	6,580	2,920
Interest on lease liabilities	1,959	1,863
Total lease expense	<u>\$ 47,011</u>	<u>\$ 38,224</u>

The weighted average lease term and discount rate are as follows as of September 30:

	2025	2024
Right-of-use operating leases remaining lease term	16.8 years	17.0 years
Right-of-use finance leases remaining lease term	9.0 years	10.7 years
Right-of-use operating leases discount rate	2.8%	2.6%
Right-of-use finance leases discount rate	4.3%	4.3%

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

14. Leases (continued)

Cash paid for amounts included in the measurement of lease liabilities for the fiscal years ended September 30 is as follows:

	2025	2024
Operating cash flows for operating leases	\$ 28,417	\$ 33,527
Operating cash flows for finance leases	1,959	1,863
Financing cash flows for finance leases	6,958	7,521

The following table summarizes the maturity of right-of-use lease liabilities under operating and finance leases for subsequent fiscal years as of September 30, 2025:

	Operating	Financing
2026	\$ 27,552	\$ 11,060
2027	28,619	7,924
2028	26,342	7,261
2029	23,708	5,835
2030	22,095	4,704
Thereafter	128,058	15,830
Total lease payments	256,374	52,614
Less interest	(49,892)	(7,928)
Total lease liabilities	206,482	44,686
Less current portion, lease liabilities	(21,882)	(9,289)
Long-term portion, lease liabilities	\$ 184,600	\$ 35,397

Right-of-Use Finance Lease Obligations – City of Hope has entered into various right-of-use finance lease agreements for equipment and program and administrative facilities. Finance lease obligations are capitalized using the rate implicit in the lease agreement if the rate is readily determinable. Otherwise, City of Hope uses the risk-free rate available on the commencement date of the lease.

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

15. Commitments and Contingencies

Medicare and Medicaid Laws and Regulations

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

Collective Bargaining Agreements

City of Hope is subject to nine collective bargaining agreements related to certain members of its labor force. On a consolidated basis, approximately 39% of employees are covered under collective bargaining agreements as of September 30, 2025. Four of the nine agreements will expire in the following fiscal year.

Litigation and Administrative Actions

From time to time, City of Hope is subject to claims arising in the ordinary course of business, including civil claims, administrative charges, and workers' compensation claims. City of Hope maintains insurance, including coverage for workers' compensation matters, subject to certain deductibles and policy limitations, in an amount City of Hope believes to be appropriate. In the opinion of management, the ultimate resolution of legal proceedings and other claims currently pending will not have a material adverse effect on the consolidated financial position, statements of activities, or cash flows of City of Hope.

Additionally, City of Hope identified inaccurate processes related to filling certain prescriptions, which has resulted in the potential receipt by City of Hope and third-party pharmacies of erroneous payments. City of Hope has made disclosures and necessary refunds to certain identified affected parties. City of Hope does not anticipate any further payments to be made related to this identified issue.

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

15. Commitments and Contingencies (continued)

Health Care Regulations

City of Hope is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, licensure, accreditation, governmental health care program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Federal laws prohibit submission of claims for reimbursement to the Medicare and Medicaid programs for services not rendered in accordance with applicable rules, laws, and regulations. Any overpayments received must be refunded to the government payor. Violation of these laws can result in substantial civil and criminal penalties and fines, including treble damages plus mandatory penalties of up to \$11 per claim, as well as possible debarment from future participation in government health care programs.

City of Hope regularly reviews its claim processes to identify and correct issues. In the course of conducting such reviews, City of Hope may identify overpayments and refund those payments in accordance with Medicare and Medicaid requirements. While no material regulatory inquiries about past or present conduct have been made, compliance with such laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time.

Cybersecurity Incident

In mid-October 2023, City of Hope became aware of suspicious activity on a subset of its information technology systems and immediately instituted mitigation measures to minimize any disruption to its operations. City of Hope launched an investigation into the nature and scope of the incident with the assistance of a leading cybersecurity firm, which determined that an unauthorized third party accessed a subset of its systems and obtained copies of some files between September 19, 2023 and October 12, 2023. An investigation was initiated by the U.S. Department of Health and Human Services Office for Civil Rights and closed without action, and no other regulatory investigations or enforcement actions have been commenced. In addition, City of Hope received notice of the filing of multiple class action lawsuits relating to the unauthorized copying of such files, and the parties have reached a settlement and that settlement has been preliminarily approved by the court. A final approval hearing has been set by the court for February 20, 2026. The cost of the litigation settlement is within City of Hope's insurance coverage for cyber-attacks.

City of Hope

Notes to Consolidated Financial Statements (continued) (Dollar Amounts Expressed in Thousands)

15. Commitments and Contingencies (continued)

Capital Commitments (Unaudited)

As of September 30, 2025, City of Hope has committed to spend \$87,802 through 2026 and beyond for building and facility renovations, and various information technology projects.

16. Community Benefit Expense (Unaudited)

City of Hope supports a variety of programs and services that provide a direct benefit to its patients, as well as to the broader community. City of Hope supports a variety of clinical and basic science research activities to benefit the broader community through its focus on finding cures and treatments for cancer and other life-threatening diseases and the development of diagnostics for which research grants, contracts, and clinical trial funding are not available.

In addition, the cost of providing public information and education is also considered a community benefit. The Center, the Foundation, and the CAP Entities accept all patients who are covered by government subsidized programs – primarily Medicaid and Medicare fee for service, and who meet certain clinical criteria. These programs typically remit payments substantially less than charges and below the cost of providing the services. The following is a summary of the estimated benefits for the broader community for the fiscal years ended September 30 (unaudited):

	2025	2024
Benefits for the Broader Community – Support for Research (unaudited)		
Estimated institutionally supported research costs, net of grants received of \$306,123 and \$276,553 in 2025 and 2024, respectively	\$ 422,610	\$ 377,551
Support of Governmental Health Care Programs (unaudited)		
Estimated unreimbursed cost of the Medicaid Program, less net impact of the hospital fee program of \$54,701 and \$49,324 in 2025 and 2024, respectively	11,273	25,986
Estimated unreimbursed cost of the Medicare Program	382,526	353,018
	<u>393,799</u>	<u>379,004</u>
Total estimated benefits for the broader community and unreimbursed costs to governmental health care programs	<u>\$ 816,409</u>	<u>\$ 756,555</u>

City of Hope

Notes to Consolidated Financial Statements (continued) *(Dollar Amounts Expressed in Thousands)*

17. Subsequent Events

City of Hope has evaluated subsequent events and disclosed all material events through February 25, 2026, which is the date these consolidated financial statements were issued.

Supplementary Information

City of Hope

Consolidating Statements of Financial Position (In Thousands)

September 30, 2025 and 2024

	Obligated Group	Affiliated Group	Eliminating Entries	Consolidated 2025	Consolidated 2024
Assets					
Current assets:					
Cash and cash equivalents	\$ 418,235	\$ 93,311	\$ –	\$ 511,546	\$ 547,294
Short-term investments	1,301,696	22,762	–	1,324,458	1,467,415
Self-insurance trust funds	4,537	–	–	4,537	3,628
Patient accounts receivable, net	489,257	120,629	–	609,886	646,829
Grants and other receivables	115,861	52,942	–	168,803	224,657
Current portion of donor-restricted unconditional promises to give, net	54,627	8,650	–	63,277	101,700
Prepaid and other	104,847	43,524	(867)	147,504	127,249
Due from third-party payors	61,074	–	–	61,074	–
Due from affiliates	1,197,011	76,567	(1,273,578)	–	–
Total current assets	3,747,145	418,385	(1,274,445)	2,891,085	3,118,772
Property and equipment, net	2,360,338	431,282	–	2,791,620	2,608,871
Right-of-use finance lease assets	5,762	38,279	–	44,041	41,523
Right-of-use operating lease assets	162,715	28,246	–	190,961	191,872
Other assets:					
Long-term investments	7,172	4,082	–	11,254	8,702
Board-designated assets	1,544,528	–	–	1,544,528	1,464,591
Bond trust funds	34	–	–	34	12
With donor restrictions:					
Investments	965,771	18,095	–	983,866	865,867
Unconditional promises to give, net	247,151	4,444	–	251,595	270,353
Contributions receivable from annuity and split-interest agreements, net	83,374	–	–	83,374	93,985
Other	47,039	62	–	47,101	36,831
Goodwill and other intangible assets	27,727	24,564	–	52,291	63,448
Interest rate swaps	9,972	–	–	9,972	8,601
Other long-term assets	381,838	3,557	(176,493)	208,902	98,459
Total other assets	3,314,606	54,804	(176,493)	3,192,917	2,910,849
Total assets	\$ 9,590,566	\$ 970,996	\$ (1,450,938)	\$ 9,110,624	\$ 8,871,887

City of Hope

Consolidating Statements of Financial Position (continued) (In Thousands)

	Obligated Group	Affiliated Group	Eliminating Entries	Consolidated 2025	Consolidated 2024
Liabilities and net assets					
Current liabilities:					
Accounts payable	\$ 66,648	\$ 31,227	\$ –	\$ 97,875	\$ 113,676
Other accrued liabilities	285,764	55,123	–	340,887	339,859
Accrued salaries, wages, and employee benefits	156,790	39,951	–	196,741	180,585
Long-term debt, current portion	–	–	–	–	333,565
Right-of-use finance leases, current portion	2,342	6,947	–	9,289	5,631
Right-of-use operating leases, current portion	17,341	4,541	–	21,882	24,968
Short-term borrowings	200,000	–	–	200,000	250,000
Contract liabilities	33,617	5,733	(867)	38,483	32,130
Due to third-party payors	45,812	3,124	–	48,936	48,905
Due to affiliates	76,567	1,197,011	(1,273,578)	–	–
Total current liabilities	884,881	1,343,657	(1,274,445)	954,093	1,329,319
Long-term debt, net of current portion	2,487,083	43,500	–	2,530,583	2,179,745
Right-of-use finance leases, net of current portion	3,797	31,600	–	35,397	36,225
Right-of-use operating leases, net of current portion	156,486	28,114	–	184,600	175,591
Annuity and split-interest agreement obligations	36,825	–	–	36,825	36,955
Interest rate swaps	–	–	–	–	1,896
Other	156,172	10,808	–	166,980	108,880
Total liabilities	3,725,244	1,457,679	(1,274,445)	3,908,478	3,868,611
Net assets:					
Without donor restrictions:					
Controlling interests	4,504,168	(543,977)	(176,493)	3,783,698	3,648,135
Noncontrolling interests	–	26,638	–	26,638	25,572
With donor restrictions	1,361,154	30,656	–	1,391,810	1,329,569
Total net assets	5,865,322	(486,683)	(176,493)	5,202,146	5,003,276
Total liabilities and net assets	\$ 9,590,566	\$ 970,996	\$ (1,450,938)	\$ 9,110,624	\$ 8,871,887

City of Hope

Consolidating Statements of Activities (In Thousands)

Years Ended September 30, 2025 and 2024

	Obligated Group	Affiliated Group	Eliminating Entries	Consolidated 2025	Consolidated 2024
Revenues, gains, and other support:					
Net patient service revenues	\$ 3,840,040	\$ 1,008,573	\$ –	\$ 4,848,613	\$ 4,156,392
Research grants, contracts, and clinical trials	245,874	65,000	(4,751)	306,123	276,553
Contributions	200,831	16,801	–	217,632	313,809
Investment income	271,656	4,855	–	276,511	253,653
Net unrealized gain on investments	141,677	777	–	142,454	396,087
Other revenue	88,888	80,587	(44,391)	125,084	142,205
Total revenues, gains, and other support	4,788,966	1,176,593	(49,142)	5,916,417	5,538,699
Expenses:					
Salaries, wages, and employee benefits	1,500,926	477,606	–	1,978,532	1,810,698
Purchased services and professional fees	707,370	105,685	(24,066)	788,989	736,627
Supplies and pharmaceuticals	1,598,598	502,710	–	2,101,308	1,759,696
Interest, including changes in fair value of swap agreements	128,244	26,290	(22,785)	131,749	141,897
Depreciation and amortization	171,811	49,520	–	221,331	217,022
Hospital provider fee	51,280	35,065	–	86,345	50,721
Equipment rental and maintenance	45,658	47,270	–	92,928	85,971
Occupancy	71,587	14,479	(730)	85,336	74,685
Insurance	8,423	4,856	–	13,279	15,597
Other expense	142,279	84,849	(5,379)	221,749	149,580
Total expenses	4,426,176	1,348,330	(52,960)	5,721,546	5,042,494
Changes in net assets before other changes	362,790	(171,737)	3,818	194,871	496,205
Distribution to noncontrolling interest	(45,389)	45,389	–	–	–
Contribution from noncontrolling interest	–	3,999	–	3,999	2,495
Contributed capital to affiliate	–	2,998	(2,998)	–	–
Changes in net assets	317,401	(119,351)	820	198,870	498,700
Net assets, beginning of year	\$ 5,547,921	\$ (367,332)	\$ (177,313)	\$ 5,003,276	\$ 4,504,576
Net assets, end of year	\$ 5,865,322	\$ (486,683)	\$ (176,493)	\$ 5,202,146	\$ 5,003,276

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