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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CHILDREN'S HOSPITAL LOS ANGELES

Doing business as

Number and street (or P O box if mail is not delivered to street address) 4650 SUNSET BOULEVARD

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
LOS ANGELES, CA 900270982

D Employer identification number
95-1690977

E Telephone number
(323)660-2450

G Gross receipts $ 1,424,851,031

F Name and address of principal officer
DIEMLAN LANNIE TONNU
4650 SUNSET BOULEVARD
LOS ANGELES, CA 900270982

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW CHLA ORG

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

L Year of formation 1901

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PROMOTION AND ADVANCEMENT OF CHILDREN'S HEALTH THROUGH PATIENT CARE, RESEARCH, AND EDUCATION

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	69
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	57
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	5,989
6	Total number of volunteers (estimate if necessary)	**6**	500
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	43,707
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	101,182,945	100,386,953
9	Program service revenue (Part VIII, line 2g)	676,537,449	929,612,734
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	38,838,537	38,601,715
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,482,850	8,624,463
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	823,041,781	1,077,225,865
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,611,905	4,112,840
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	422,880,718	458,267,592
16a	Professional fundraising fees (Part IX, column (A), line 11e)	400,619	205,000
b	Total fundraising expenses (Part IX, column (D), line 25) ▶18,429,214		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	442,572,681	549,178,366
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	869,465,923	1,011,763,798
19	Revenue less expenses Subtract line 18 from line 12	-46,424,142	65,462,067

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,714,611,002	1,785,145,163
21	Total liabilities (Part X, line 26)	606,737,237	649,277,669
22	Net assets or fund balances Subtract line 21 from line 20	1,107,873,765	1,135,867,494

Net Assets or Fund Balances

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 — 2016-05-12 Date

▶ DIEMLAN LANNIE TONNU SVP AND CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JOHN W SADOFF JR	JOHN W SADOFF JR			P00540589

Firm's name ▶ DELOITTE TAX LLP — Firm's EIN ▶ 86-1065772

Firm's address ▶ 655 WEST BROADWAY SUITE 700
SAN DIEGO, CA 921018590

Phone no (619) 232-6500

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE HOSPITAL'S PRINCIPAL MISSION IS TO PROMOTE AND ADVANCE THE STATE OF CHILDREN'S HEALTH, FOCUSING ON TERTIARY AND QUATERNARY SPECIALTIES IN PATIENT CARE, RESEARCH, AND EDUCATION

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 $ 678,327,989 including grants of $ 4,112,840) (Revenue $ 883,873,642)

MEDICAL CARE PROVIDED TO CHILDRENIT IS THE POLICY OF THE HOSPITAL TO STRIVE TO MAINTAIN QUALITY HEALTH CARE DELIVERY IN A MANNER THAT RESPECTS THE DIGNITY OF THE INDIVIDUAL AND FAMILY, REGARDLESS OF THE ABILITY TO PAY UNDER THE HOSPITAL'S POLICY, MEDICAL CARE MAY BE PROVIDED WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES TO PEOPLE WHO ARE UNINSURED OR UNDERINSURED AND CANNOT AFFORD TO PAY FOR THEIR OWN MEDICAL CARE THE HOSPITAL PROVIDES ADDITIONAL COMMUNITY SUPPORT BY PROVIDING CARE TO PATIENTS WHO PARTICIPATE IN PROGRAMS, LIKE MEDI-CAL, THAT DO NOT PAY FULL CHARGES APPROXIMATELY THREE-FOURTHS OF THE HOSPITAL'S PATIENTS ARE COVERED BY MEDI-CAL PROGRAMS

4b (Code) (Expenses $ 49,325,177 including grants of $) (Revenue $ 36,083,573)

GRADUATE MEDICAL EDUCATION PROVIDES TRAINING AND EDUCATION TO MEDICAL STUDENTS IN LOS ANGELES COUNTY WHO, IN TURN, PROVIDE SERVICES TO PATIENTS AT THE HOSPITAL ALSO, INCLUDES EDUCATION REVENUE FROM THE RESIDENCY AND FELLOWSHIP PROGRAMS AT CHLA THE HOSPITAL SUBSIDIZES A LARGE PART OF THE COST OF TRAINING PHYSICIANS, ALLIED HEALTH PROFESSIONALS, AND OTHER HEALTH CARE WORKERS IN ITS EMERGENCY ROOM, CLINICS, INPATIENT AREAS, AND OTHER PARTS OF ITS FACILITIES

4c (Code) (Expenses $ 72,017,876 including grants of $) (Revenue $ 9,655,519)

RESEARCH REVENUES FURTHER THE EXEMPT PURPOSE OF CHLA BY PROVIDING THE PATIENTS OF CHLA ACCESS TO NEW TECHNOLOGIES, DISCOVERIES AND MEDICATIONS FOR TREATMENT RESULTS OF THIS RESEARCH IS DISSEMINATED THROUGH PUBLICATIONS IN SCIENTIFIC JOURNALS AND PRESENTATIONS BY THE PRINCIPAL INVESTIGATORS THE HOSPITAL SUBSIDIZES A LARGE PART OF THE COST OF MEDICAL RESEARCH TAKING PLACE IN ITS FACILITIES

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ 735,398 including grants of $) (Revenue $ 496,107)

4e **Total program service expenses** ▶ 800,406,440

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	541		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
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	5,989		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	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		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	69		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	57		
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**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		**5**		No
6	Did the organization have members or stockholders?		**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ GRACE OH

4650 SUNSET BLVD
LOS ANGELES, CA 900270980 (323) 361-7450

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

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

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

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

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	11,653,172	0	1,683,596

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 ▶ 990

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

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
HURON CONSULTING SERVICES LLC 550 WEST VAN BUREN STREET CHICAGO, IL 60607	CONSULTING SERVICES	8,197,033
RIGHTSOURCING INC 2 EXECUTIVE CIRCLE SUITE 210 IRVINE, CA 92614	WORKFORCE MGMT	8,130,240
DPR CONSTRUCTION 4665 MACARTHUR COURT SUITE 100 NEWPORT BEACH, CA 92660	CONSTRUCTION MGMT	7,927,994
MCKINSEY & COMPANY INC 2929 ARCH PLACE SUITE 1400 PHILADELPHIA, PA 19104	STRATEGIC CONSULTING SERVICES	4,475,000
IDEAOLOGY ADVERTISING INC 4223 GLENCOE AVE SUITE A127 MARINA DEL REY, CA 90292	ADVERTISING SERVICES	4,081,913

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 ▶ 158

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	2,029,229			
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	50,955,202			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	47,402,522			
	g	Noncash contributions included in lines 1a-1f $		3,037,474			
	h	**Total.** Add lines 1a-1f . . . . . ▶		100,386,953			
Program Service Revenue			Business Code				
	2a	PATIENT REVENUE	621110	883,873,642	883,873,642		
	b	EDUCATION REVENUE	900099	27,587,573	27,587,573		
	c	RESEARCH REVENUE	900099	9,655,519	9,655,519		
	d	GRADUATE MEDICAL EDUCATION	900099	8,496,000	8,496,000		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		929,612,734			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		8,383,303		10,845	8,372,458
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶		340,249			340,249
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	376,598,237				
	b	Less cost or other basis and sales expenses	346,183,932	195,893			
	c	Gain or (loss)	30,414,305	-195,893			
	d	Net gain or (loss) . . . . . ▶		30,218,412			30,218,412
	8a	Gross income from fundraising events (not including $ 2,029,229 of contributions reported on line 1c) See Part IV, line 18 . .	a 323,750				
	b	Less direct expenses . . .	b 1,245,341				
	c	Net income or (loss) from fundraising events . . ▶		-921,591			-921,591
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a				
	b	Less direct expenses . . .	b				
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances .	a				
	b	Less cost of goods sold . .	b				
	c	Net income or (loss) from sales of inventory . . ▶					
Other Revenue		Miscellaneous Revenue	Business Code				
	11a	PARKING GARAGE	812930	3,026,913			3,026,913
	b	CHILD DEVELOPMENT CENTER	624410	1,262,457			1,262,457
	c	RESIDENT'S HOUSING	900099	457,723	457,723		
	d	All other revenue		4,458,712	38,384	32,862	4,387,466
	e	**Total.** Add lines 11a–11d . . . . . ▶		9,205,805			
	12	**Total revenue.** See Instructions . . . . . ▶		1,077,225,865	930,108,841	43,707	46,686,364

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	4,112,840	4,112,840		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,752,265	832,424	5,433,442	486,399
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	377,235,983	307,745,967	59,745,180	9,744,836
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,711,389	5,925,277	1,621,397	164,715
9 Other employee benefits	39,230,659	33,281,643	4,915,087	1,033,929
10 Payroll taxes	27,337,296	20,623,105	6,038,350	675,841
11 Fees for services (non-employees)				
a Management	271,073	505	270,568	
b Legal	1,878,204	375,094	1,502,070	1,040
c Accounting	789,496		789,496	
d Lobbying	552,827		552,827	
e Professional fundraising services See Part IV, line 17	205,000			205,000
f Investment management fees	1,221,680		1,221,680	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	165,227,588	101,631,119	60,854,660	2,741,809
12 Advertising and promotion	12,121,181	11,939,805		181,376
13 Office expenses	130,784,082	124,283,296	5,850,702	650,084
14 Information technology	32,423,068	25,419,160	6,587,901	416,007
15 Royalties	131,798	131,798		
16 Occupancy	5,428,066	3,390,292	1,252,691	785,083
17 Travel	3,434,511	2,497,197	712,719	224,595
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,678,224	1,898,593	131,244	648,387
20 Interest	22,569,091	21,393,241	1,175,850	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	57,672,769	54,964,923	2,706,677	1,169
23 Insurance	2,458,811	2,296,819	126,132	35,860
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a HOSPITAL FEE PROGRAM	60,029,581	60,029,581	0	0
b UTILITIES	12,379,088	11,762,870	615,804	414
c PROVISION FOR BAD DEBTS	3,200,070	3,200,070	0	0
d MINOR EQUIPMENT	2,058,140	1,945,855	92,998	19,287
e All other expenses	31,869,018	724,966	30,730,669	413,383
25 **Total functional expenses.** Add lines 1 through 24e	1,011,763,798	800,406,440	192,928,144	18,429,214
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		6,095	1	10,013
	2	Savings and temporary cash investments		4,982,972	2	18,743,005
	3	Pledges and grants receivable, net		77,697,300	3	68,968,989
	4	Accounts receivable, net		125,010,396	4	142,102,279
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		221,379	5	150,800
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		580,000	7	570,000
	8	Inventories for sale or use		7,687,746	8	9,823,711
	9	Prepaid expenses and deferred charges		9,712,061	9	8,882,744
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,513,254,308			
	b	Less accumulated depreciation	10b 593,146,204	916,773,166	10c	920,108,104
	11	Investments—publicly traded securities		539,405,599	11	520,619,145
	12	Investments—other securities See Part IV, line 11		5,371,846	12	5,063,649
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		27,162,442	15	90,102,724
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,714,611,002	16	1,785,145,163
Liabilities	17	Accounts payable and accrued expenses		79,441,047	17	107,794,439
	18	Grants payable			18	
	19	Deferred revenue		2,885,291	19	11,707,419
	20	Tax-exempt bond liabilities		486,309,228	20	478,760,724
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		38,101,671	25	51,015,087
	26	**Total liabilities.** Add lines 17 through 25		606,737,237	26	649,277,669
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		808,486,179	27	839,868,288
	28	Temporarily restricted net assets		146,844,484	28	135,382,028
	29	Permanently restricted net assets		152,543,102	29	160,617,178
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,107,873,765	33	1,135,867,494
	34	Total liabilities and net assets/fund balances		1,714,611,002	34	1,785,145,163

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,077,225,865
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,011,763,798
3	Revenue less expenses Subtract line 2 from line 1	3	65,462,067
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,107,873,765
5	Net unrealized gains (losses) on investments	5	-37,293,550
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-174,788
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,135,867,494

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 95-1690977
Name: CHILDREN'S HOSPITAL LOS ANGELES

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 735,398 including grants of $) (Revenue $ 496,107)

OTHER PROGRAM SERVICE REVENUES ALSO INCLUDE RESIDENTS HOUSING AND MISCELLANEOUS TUITION AND EDUCATION INCOME

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD CORDOVA PRESIDENT & CEO/TRUSTEE	55 00	X		X				3,124,899	0	701,704
(1) MARY DEE HACKER TRUSTEE/VP PATIENT CARE	55 00	X						452,621	0	77,651
(2) HENRI FORD MD TRUSTEE/FACULTY PHYSICIAN/VP	40 00	X						722,189	0	0
(3) BRENT POLK MD TRUSTEE/FACULTY PHYSICIAN	40 00	X						574,219	0	0
(4) STUART SIEGEL MD TRUSTEE/FACULTY PHYSICIAN	40 00	X						292,652	0	0
(5) ROBERTA WILLIAMS MD TRUSTEE/FACULTY PHYSICIAN	40 00	X						309,720	0	0
(6) BONNIE MCCLURE TRUSTEE/FUNDRAISER COORD	30 00	X						64,000	0	0
(7) MARK D KRIEGER MD TRUSTEE/FACULTY PHYSICIAN	40 00	X						392,288	0	0
(8) CARL GRUSHKIN MD TRUSTEE/FACULTY PHYSICIAN	40 00	X						242,445	0	0
(9) ARNOLD KLEINER TRUSTEE	2 00	X						0	0	0
(10) ELIZABETH LOWE TRUSTEE	2 00	X						0	0	0
(11) CATHY SIEGEL WEISS TRUSTEE/CO-CHAIR	2 00	X		X				0	0	0
(12) MARION ANDERSON TRUSTEE	2 00	X						0	0	0
(13) JOHN JACK PETTKER TRUSTEE	2 00	X						0	0	0
(14) THEODORE SAMUELS TRUSTEE/CO-CHAIR	2 00	X		X				0	0	0
(15) BROOKE ANDERSON TRUSTEE	1 00	X						0	0	0
(16) ASHWIN ADARKAR TRUSTEE	1 00	X						0	0	0
(17) JUNE BANTA TRUSTEE	1 00	X						0	0	0
(18) LYNDA BOONE FETTER TRUSTEE	2 00	X						0	0	0
(19) ALEX CHAVES SR TRUSTEE	1 00	X						0	0	0
(20) MARTHA CORBETT TRUSTEE	2 00	X						0	0	0
(21) MARGARET EBERHARDT TRUSTEE	1 00	X						0	0	0
(22) RICHARD FARMAN TRUSTEE	1 00	X						0	0	0
(23) PEGGY GALBRAITH TRUSTEE	1 00	X						0	0	0
(24) MARY HART TRUSTEE	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) MEGAN M HERNANDEZ TRUSTEE	1 00	X						0	0	0
(1) MARCIA WILSON HOBBS TRUSTEE	2 00	X						0	0	0
(2) GLORIA HOLDEN TRUSTEE	1 00	X						0	0	0
(3) JAMES HUNT TRUSTEE	2 00	X						0	0	0
(4) WILLIAM HURT TRUSTEE	2 00	X						0	0	0
(5) TODD E MOLZ TRUSTEE	2 00	X						0	0	0
(6) SUSAN MALLORY TRUSTEE	2 00	X						0	0	0
(7) CAROL MANCINO TRUSTEE	1 00	X						0	0	0
(8) ELIZABETH HUNT PRICE TRUSTEE	1 00	X						0	0	0
(9) ALEX MENESES TRUSTEE	1 00	X						0	0	0
(10) CARYLL SPRAGUE MINGST TRUSTEE	1 00	X						0	0	0
(11) MARY ADAMS O'CONNELL TRUSTEE	2 00	X						0	0	0
(12) CHESTER CHET PIPKIN TRUSTEE	1 00	X						0	0	0
(13) RONALD PREISSMAN TRUSTEE	1 00	X						0	0	0
(14) DR CARMEN PULIAFITO TRUSTEE	1 00	X						0	0	0
(15) ALAN PURWIN TRUSTEE	1 00	X						0	0	0
(16) DAYLE ROATH TRUSTEE	1 00	X						0	0	0
(17) ERIC WASSERMAN TRUSTEE	1 00	X						0	0	0
(18) ROBERT ZIELINSKI TRUSTEE	1 00	X						0	0	0
(19) PAUL SCHAEFFER TRUSTEE	1 00	X						0	0	0
(20) THOMAS SIMMS TRUSTEE	2 00	X						0	0	0
(21) VICTORIA SIMMS PHD TRUSTEE	1 00	X						0	0	0
(22) LISA STEVENS TRUSTEE	1 00	X						0	0	0
(23) JAMES TERRILE TRUSTEE	2 00	X						0	0	0
(24) JUDGE DICKRAM M TEVRIZIAN TRUSTEE	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(51) JOYCE BOGART TRABULUS TRUSTEE	1 00	X						0	0	0
(1) PEGGY TSIANG CHERNG PHD TRUSTEE	1 00	X						0	0	0
(2) ALYCE WILLIAMSON TRUSTEE	1 00	X						0	0	0
(3) ALAN WILSON TRUSTEE	1 00	X						0	0	0
(4) JEFFREY WORTHE TRUSTEE	2 00	X						0	0	0
(5) KEVIN BROGAN TRUSTEE	1 00	X						0	0	0
(6) GARY COHEN TRUSTEE	1 00	X						0	0	0
(7) DEBBIE FREUND TRUSTEE	1 00	X						0	0	0
(8) KATHLEEN MCCARTHY KOSTLAN TRUSTEE	1 00	X						0	0	0
(9) EUGENE MITCHELL TRUSTEE	1 00	X						0	0	0
(10) ELIZABETH RAHN TRUSTEE	1 00	X						0	0	0
(11) STEVEN ROUNTREE TRUSTEE	1 00	X						0	0	0
(12) ALAN RUDNICK TRUSTEE	2 00	X						0	0	0
(13) RICHARD ZAPANTA MD TRUSTEE	1 00	X						0	0	0
(14) KIMBERLY SHEPHERD TRUSTEE	1 00	X						0	0	0
(15) JAMIE LEE CURTIS TRUSTEE	1 00	X						0	0	0
(16) JIHEE HUH TRUSTEE	1 00	X						0	0	0
(17) MICHAEL MADDEN TRUSTEE	1 00	X						0	0	0
(18) JAY CARSON TRUSTEE	1 00	X						0	0	0
(19) W SCOTT SANFORD TRUSTEE (THROUGH 7/6/14)	2 00	X						0	0	0
(20) DICK ZIEGLER TRUSTEE (THROUGH 9/25/14)	1 00	X						0	0	0
(21) WILLIAM WARDLAW TRUSTEE (THROUGH 12/15/14)	2 00	X						0	0	0
(22) DIEMLAN LANNIE TONNU SVP/CFO/TREASURER	55 00			X				619,251	0	143,301
(23) LAWRENCE FOUST SVP-GEN COUNSEL/SEC (THROUGH 9/12/14)	55 00			X				385,008	0	63,823
(24) MICHELLE CRONKHITE ASSISTANT SECRETARY	55 00			X				74,439	0	2,742

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(76) GRACE OH SVP-GEN COUNSEL	55 00			X				394,798	0	66,819
(1) SMITHA RAVIPUDI VP-SVC, ACCESS AMB OPS	55 00				X			321,801	0	59,647
(2) RODNEY HANNERS SVP OPERATIONS/COO	55 00				X			887,243	0	151,986
(3) DEANN MARSHALL SVP, CHIEF DEV & MKTG OFFICER	55 00				X			578,573	0	147,850
(4) GAIL MARGOLIS VP, GOVERNMENT & PUBLIC POLICY	55 00					X		318,520	0	57,675
(5) KEITH HOBBS VP, ANCILLARY & SUPPORT SERVICES	55 00					X		363,129	0	64,824
(6) TIM MALSEED VP, CHIEF INFORMATION OFFICER	55 00					X		396,446	0	59,179
(7) TERENCE GREEN DIR, FOUNDATION	55 00					X		265,335	0	47,222
(8) SHELLEY CONGER DIR, FOUNDATION	55 00					X		296,579	0	39,173
(9) ROBERT ADLER MD FORMER TRUSTEE/FACULTY PHYSICIAN	40 00						X	423,492	0	0
(10) ROBERT KAY MD FORMER TRUSTEE/FACULTY PHYSICIAN	40 00						X	153,525	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL LOS ANGELES

Employer identification number
95-1690977

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

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

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

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

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

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

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

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

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

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

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

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

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

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- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2013.** 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—2014.** 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—2013.** 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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2013.** 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 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *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 government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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 in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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 (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *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 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133061686

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
CHILDREN'S HOSPITAL LOS ANGELES	95-1690977

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	552,827	
c Total lobbying expenditures (add lines 1a and 1b)	552,827	
d Other exempt purpose expenditures	799,853,613	
e Total exempt purpose expenditures (add lines 1c and 1d)	800,406,440	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a If zero or less, enter -0-	0	
i Subtract line 1f from line 1c If zero or less, enter -0-	0	

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	49,816	46,582	56,842	552,827	706,067
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
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?			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not 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 expenditures from the prior year?	3		

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

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

Part IV Supplemental Information

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

Return Reference	Explanation

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL LOS ANGELES

Employer identification number
95-1690977

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate 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" to Form 990, Part IV, line 7.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	618,919,327	570,394,064	528,012,698	542,188,938	495,093,405
b	Contributions	49,906,314	43,017,518	49,282,881	39,523,985	32,136,775
c	Net investment earnings, gains, and losses	702,974	70,018,758	46,289,884	-69,784	63,246,838
d	Grants or scholarships					
e	Other expenditures for facilities and programs	96,554,910	64,511,013	53,191,399	53,630,441	48,288,079
f	Administrative expenses					
g	End of year balance	572,973,705	618,919,327	570,394,064	528,012,698	542,188,939

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

- a Board designated or quasi-endowment ▶ 67 670 %
- b Permanent endowment ▶ 28 030 %
- c Temporarily restricted endowment ▶ 4 300 %

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

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		30,608,547		30,608,547
b Buildings		1,045,854,985	313,191,344	732,663,641
c Leasehold improvements				
d Equipment		371,217,705	274,005,734	97,211,971
e Other		65,573,071	5,949,126	59,623,945
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				920,108,104

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

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

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

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

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

(a) Description	(b) Book value
(1) HOSPITAL FEE PROGRAM RECEIVABLE	64,976,416
(2) CAPITAL ACCUMULATION ACCOUNT	9,196,140
(3) GOLDMAN SACH-SWAP COLLATERAL	7,400,000
(4) BOND ISSUANCE COSTS	6,506,765
(5) OTHER ASSETS	2,023,403
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	90,102,724

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
INTEREST RATE SWAP	11,694,624
PAYABLES UNDER GOVERNMENT PROGRAMS	10,468,996
WORKERS COMPENSATION INSURANCE RESERVE	13,880,185
DEFERRED BENEFITS	6,587,619
MALPRACTICE TAIL RESERVE	3,800,000
LIABILITY UNDER UNITRUST AGREEMENTS	2,833,368
DEFERRED REVENUE/DEPOSITS LT	1,750,295
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	51,015,087

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

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	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' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	ENDOWMENT FUNDS ARE INTENDED TO BE USED ACCORDING TO THE DONOR'S WISHES WHICH VARY FROM ONGOING PROGRAM SUPPORT, TO SPECIFIC RESEARCH, TO BUILDING OR ASSET ACQUISITION, OR SUPPORT OF ACADEMIC CHAIRS WITHIN THE ORGANIZATION
PART X, LINE 2	THE ORGANIZATION ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH FASB ASC 740 HOWEVER, THE FINANCIAL STATEMENTS DO NOT REQUIRE A SPECIFIC DISCLOSURE AS IT IS CONSIDERED IMMATERIAL

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL LOS ANGELES

Employer identification number
95-1690977

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

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1	CHILDREN'S MIRACLE NETWORK 205 WEST 700 SOUTH SALT LAKE CITY, UT 84101	GENERAL FUNDRAISING		No	1,272,373	205,000	1,067,373
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶					1,272,373	205,000	1,067,373

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

CA

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

Revenue / Direct Expenses		(a) Event #1 NOCHE DE NINOS (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	2,352,979			2,352,979
	2 Less Contributions	2,029,229			2,029,229
	3 Gross income (line 1 minus line 2)	323,750			323,750
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	40,000			40,000
	7 Food and beverages	284,500			284,500
	8 Entertainment	497,000			497,000
	9 Other direct expenses	423,841			423,841
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(1,245,341)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-921,591

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

Revenue / Direct Expenses		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activities conducted in

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

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

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	FUNDS SUBMITTED DIRECTLY TO CHILDREN'S MIRACLE NETWORK BY SPONSOR PARTNERS ARE REMITTED TO MEMBER HOSPITALS ON A QUARTERLY BASIS BY CHILDREN'S MIRACLE NETWORK FUNDS REMITTED DIRECTLY TO MEMBER HOSPITALS AS A RESULT OF A CHILDREN'S MIRACLE NETWORK FUNDRAISING PROGRAM ARE REPORTED BACK TO CHILDREN'S MIRACLE NETWORK FOR THE PURPOSES TRACKING FUNDRAISING RESULTS BUT THOSE ARE DEPOSITED BY THE MEMBER HOSPITAL MEMBER HOSPITALS PAY AN ANNUAL MEMBERSHIP FEE, WHICH DIFFERS FOR EACH MEMBER HOSPITAL AND DEPENDS LARGELY ON ITS MARKET TERRITORY POPULATION THESE FEES ARE ANALOGOUS TO FRANCHISE FEES, WHERE HOSPITALS "OWN" MARKET TERRITORY IN WHICH THEY FUNDRAISE USING THE CHILDREN'S MIRACLE NETWORK BRAND CHILDREN'S MIRACLE NETWORK FURNISHES FUNDRAISING MATERIALS THAT ARE ESSENTIAL TO THE CAMPAIGNS SUCH MATERIALS INCLUDE THE PAPER ICONS, COLLATERAL MATERIALS, AND COIN CANNISTERS MATERIALS ARE SENT DIRECTLY TO LOCATIONS OF SPONSOR PARTNERS (SUCH AS AN INDIVIDUAL COSTCO WAREHOUSE) IT IS THE RESPONSIBILITY OF EACH HOSPITAL TO PAY FOR THE COST OF THESE MATERIALS MATERIALS COSTS ARE BILLED SEPARATE FROM THE ANNUAL MEMBERSHIP FEE AND ARE SENT INTERMITTENTLY DEPENDING ON THE FREQUENCY OF THE CAMPAIGNS

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL LOS ANGELES

Employer identification number
95-1690977

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)	1	4,500	4,518,424		4,518,424	0 450 %
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs	1	4,500	4,518,424		4,518,424	0 450 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	18	221,046	2,230,911		2,230,911	0 220 %
f Health professions education (from Worksheet 5)	9	7,297	71,896,922	46,307,973	25,588,949	2 540 %
g Subsidized health services (from Worksheet 6)	1	5,388	7,179,726		7,179,726	0 710 %
h Research (from Worksheet 7)	1		98,594,441	68,656,249	29,938,192	2 970 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	4	13,400	4,533,465		4,533,465	0 450 %
j **Total.** Other Benefits	33	247,131	184,435,465	114,964,222	69,471,243	6 890 %
k **Total.** Add lines 7d and 7j	34	251,631	188,953,889	114,964,222	73,989,667	7 340 %

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	1	7,500	66,000		66,000	0 010 %
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy	5	200,000	198,000		198,000	0 020 %
8	Workforce development	2	18,193	1,120,000		1,120,000	0 110 %
9	Other						
10	**Total**	8	225,693	1,384,000		1,384,000	0 140 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
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	3,200,070		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	3,374,329		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	3,374,329		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7			
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group CHILDREN'S HOSPITAL LOS ANGELES

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The 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	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2012			
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	Yes	
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		No
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		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) CHLA ORG/COMMUNITY-PROGRAMS-AND-IMPACT			
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	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2014			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) WWW CHLA ORG/COMMUNITY-PROGRAMS-AND-IMPACT			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
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		No
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)*

CHILDREN'S HOSPITAL LOS ANGELES

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 000000000000% and FPG family income limit for eligibility for discounted care of 350 000000000000%			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	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)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her 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	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) WWW CHLA ORG			
b	☐ The FAP application form was widely available on a website (list url)			
c	☑ A plain language summary of the FAP was widely available on a website (list url)			
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	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

CHILDREN'S HOSPITAL LOS ANGELES

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	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	☐ Actions that require a legal or judicial process			
d	☐ 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) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
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 financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☑ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☑ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
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**		No
	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**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

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

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

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $ 3,200,070

Form and Line Reference	Explanation
PART I, LINE 7 COLUMN (B)	IN OCTOBER 2010, CMS APPROVED LEGISLATION ENACTED BY THE STATE OF CALIFORNIA THAT PROVIDED FOR SUPPLEMENTAL MEDI-CAL PAYMENTS TO BE PAID TO CERTAIN HOSPITALS FROM FUNDS COLLECTED FROM PARTICIPATING HOSPITALS UNDER THE STATE'S QUALITY ASSURANCE FEE PROGRAM SUCH AMOUNTS WERE ALLOCATED AND PAID TO CHLA BASED ON PRIOR YEAR PATIENT DATA, WHICH INCLUDES MEDI-CAL PATIENTS IF THESE AMOUNTS HAD NOT BEEN INCLUDED, THE HOSPITAL WOULD HAVE REPORTED A TOTAL COMMUNITY BENEFIT PERCENTAGE IN EXCESS OF 18%

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	THE HOSPITAL SPONSORS VARIOUS COMMUNITY SERVICES TO BENEFIT THE PHYSICALLY, MENTALLY AND GENETICALLY DISABLED AS PART OF ITS CHARITABLE MISSION THESE SERVICES INCLUDE PARENTAL COUNSELING, EDUCATIONAL SEMINARS, FAMILY SUPPORT GROUPS, AND AN OUTREACH ORGANIZATION FOR FAMILIES ADMINISTERED BY THE HOSPITAL IN AN AGENCY RELATIONSHIP AND FUNDED BY THE STATE OF CALIFORNIA ADDITIONALLY, A LARGE NUMBER OF HEALTH-RELATED EDUCATIONAL PROGRAMS ARE PROVIDED FOR THE BENEFIT OF THE COMMUNITY, INCLUDING HEALTH ENHANCEMENTS AND WELLNESS, TELEPHONE INFORMATION SERVICES, AND PROGRAMS DESIGNED TO IMPROVE THE GENERAL STANDARDS OF THE HEALTH OF THE COMMUNITY

Form and Line Reference	Explanation
PART III, LINE 2	THE TOTAL BAD DEBT IS EQUAL TO THE TOTAL BAD DEBT WRITE OFFS LESS THE BAD DEBT RECOVERIES

Form and Line Reference	Explanation
PART III, LINE 3	THE HOSPITAL RECOGNIZES PATIENT SERVICE REVENUE ON THE BASIS OF CONTRACTUAL RATES FOR THE SERVICES RENDERED FOR THOSE PATIENTS WHO HAVE THIRD-PARTY PAYOR COVERAGE FOR UNINSURED PATIENTS WHO DO NOT QUALIFY FOR CHARITY CARE, THE HOSPITAL RECOGNIZES REVENUE ON THE BASIS OF ITS STANDARD RATES (OR ON THE BASIS OF DISCOUNTED RATES, IF NEGOTIATED OR PROVIDED BY POLICY) PATIENTS COVERED BY INSURANCE, BUT REQUIRED TO PAY DEDUCTIBLES OR COPAYMENTS, ARE CONSIDERED TO BE UNINSURED FOR THOSE PORTIONS BASED ON HISTORICAL EXPERIENCE, THE HOSPITAL BELIEVES THAT A SIGNIFICANT PORTION OF ITS PATIENT ACCOUNTS WILL BE UNCOLLECTIBLE THUS, IT RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS RELATED TO PATIENT ACCOUNTS IN THE PERIOD THE SERVICES ARE PROVIDED BAD DEBTS ARE NOT INCLUDED AS COMMUNITY BENEFITS AND CONTAIN -0- CHARITY COST BAD DEBTS ARE CALCULATED BASED ON UNCOLLECTIBLE ACCOUNTS NET OF CONTRACTUALS

Form and Line Reference	Explanation
PART III, LINE 4	NET PATIENT SERVICE REVENUE IS REPORTED AT THE ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD-PARTY PAYOR, AND OTHERS, INCLUDING ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT AGREEMENTS WITH THIRD-PARTY PAYORS RETROACTIVE ADJUSTMENTS ARE ESTIMATED AND ACCRUED IN THE PERIOD IN WHICH THE RELATED SERVICES ARE RENDERED, AND ADJUSTED IN FUTURE PERIODS AS FINAL SETTLEMENTS ARE DETERMINED PATIENT ACCOUNTS RECEIVABLE ARE RECORDED ON AN ACCRUAL BASIS AT ESTABLISHED BILLING RATES THE ALLOWANCES FOR CONTRACTUAL ADJUSTMENTS AND DOUBTFUL ACCOUNTS ARE RECORDED ON AN ACCRUAL BASIS, USING HISTORICAL EXPERIENCE AND ESTABLISHED BILLING RATES IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE HOSPITAL ESTIMATES THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BY MAJOR PAYOR TYPE, BASED ON HISTORICAL EXPERIENCE FOR EACH TYPE THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES, IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IN CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS

Form and Line Reference	Explanation
PART III, LINE 8	CHLA IS NOT INCLUDING ANY MEDICARE SHORTFALL AS PART OF ITS COMMUNITY BENEFIT FURTHER, CHLA USES FEDERAL MEDICARE COST ALLOCATION METHODOLOGY, AS REPORTED IN ITS MEDICARE COST REPORT, TO DETERMINE THE ALLOWABLE COSTS OF CARE RELATING TO MEDICARE PAYMENTS RECEIVED

Form and Line Reference	Explanation
PART III, LINE 9B	THE HOSPITAL'S POLICY STATES THAT IF THE PATIENT/GUARANTOR IS UNABLE TO PAY FOR SERVICES DUE TO THEIR CURRENT FINANCIAL SITUATION, THEY COULD BE ELIGIBLE FOR UNCOMPENSATED CARE, IN WHICH CASE THE HOSPITAL'S APPLICABLE POLICY AND PROCEDURE IS FURTHER REFERENCED IF THE PATIENT/GUARANTOR DOES NOT QUALIFY, THE HOSPITAL FOLLOWS ALL APPLICABLE FEDERAL AND STATE GUIDELINES FOR DEBT COLLECTION, INCLUDING THE REQUIREMENT OF FAIR TREATMENT, THE PROHIBITION OF MAKING FALSE STATEMENTS AND RESTRICTIONS ON THE TIME OF DAY THAT DEBT COLLECTORS MAY CONTACT THE DEBTOR

Form and Line Reference	Explanation
PART VI, LINE 2	CHILDREN'S HOSPITAL LOS ANGELES RECOGNIZES THE IMPORTANCE OF KNOWING AND UNDERSTANDING THE KEY INDICATORS OF ITS COMMUNITY'S HEALTH AND THE ISSUES THAT AFFECT PATIENTS, PARENTS, AND COMMUNITY ORGANIZATIONS THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED BY THE ADVANCEMENT PROJECT HEALTHY CITY, BIEL CONSULTING AND THE OFFICE OF COMMUNITY AFFAIRS AT CHILDREN'S HOSPITAL LOS ANGELES OTHER INSTITUTIONS, ORGANIZATIONS AND AGENCIES-AS WELL AS MEMBERS OF THE CHILDREN'S HOSPITAL COMMUNITY BENEFIT ADVISORY COMMITTEE-ALSO CONTRIBUTED TIME AND RESOURCES TO ASSIST WITH THIS ASSESSMENT CONDUCTING THE COMMUNITY HEALTH NEEDS ASSESSMENT IS ONE OF THE MANY WAYS THAT CHILDREN'S HOSPITAL LOS ANGELES STRENGTHENS ITS COMMITMENT TO UNDERSTANDING THE HEALTH NEEDS OF THE COMMUNITIES IT SERVES NEEDS ASSESSMENTS ARE THE PRIMARY TOOLS USED TO DETERMINE A HOSPITAL'S "COMMUNITY BENEFIT" PLAN, THAT IS, HOW THE HOSPITAL WILL ADDRESS UNMET COMMUNITY NEEDS THROUGH THE PROVISION OF COMMUNITY HEALTH SERVICES

Form and Line Reference	Explanation
PART VI, LINE 3	THE OFFICE OF COMMUNITY AFFAIRS AT CHILDREN'S HOSPITAL LOS ANGELES HELPS FAMILIES ACCESS AVAILABLE COMMUNITY RESOURCES, INCLUDING LOW-COST HEALTH INSURANCE COVERAGE AND HEALTH PROGRAMS CALIFORNIA WAS THE FIRST STATE TO PASS LEGISLATION TO ESTABLISH A HEALTH INSURANCE EXCHANGE UNDER THE FEDERAL HEALTH CARE REFORM LAW, THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA) COMMONLY REFERRED TO AS THE ACA-OR OBAMACARE THROUGH CHLA'S HEALTH INSURANCE ASSISTANCE PROGRAM, PART OF THE OFFICE OF COMMUNITY AFFAIRS, FAMILIES FIND HELP GETTING ACCESS TO COVERED CALIFORNIA RESOURCES AND LEARN ABOUT OTHER LOW-COST HEALTH INSURANCE PROGRAMS IN LOS ANGELES COUNTY TO INCREASE ACCESS TO HEALTH CARE RESOURCES AND PROVIDE AWARENESS OF COVERED CALIFORNIA BENEFITS, THE PROGRAM HAS PARTNERED WITH A LOCAL COLLABORATIVE TO CONDUCT OUTREACH AND EDUCATION IN THE PAST YEAR, THE CERTIFIED COVERED CALIFORNIA ENROLLMENT COUNSELORS AT THE OFFICE OF COMMUNITY AFFAIRS HELPED MORE THAN 100 FAMILIES ENROLL IN QUALIFIED HEALTH PLANS THROUGH COVERED CALIFORNIA OR MEDI-CAL THE TEAM REACHED MORE THAN 12,000 INDIVIDUALS THROUGH OUTREACH CAMPAIGNS AT MORE THAN 60 COMMUNITY EVENTS, INCLUDING INFORMATION KIOSKS, ENROLLMENT WORKSHOPS, ELIGIBILITY DETERMINATION EVENTS, PRESENTATIONS AND ONE-ON-ONE CONSULTATIONS

Form and Line Reference	Explanation
PART VI, LINE 4	OUR HOSPITAL SERVICES REACH THOUSANDS ACROSS SOUTHERN CALIFORNIA, WITH A PRIMARY SERVICE AREA OF LOS ANGELES COUNTY--A REGION THAT SPANS 4,057 SQUARE MILES AND INCLUDES VAST URBAN COMMUNITIES, SUBURBAN AREAS AND RURAL NEIGHBORHOODS APPROXIMATELY 85 PERCENT OF THE HOSPITAL'S PATIENTS ORIGINATE FROM LOS ANGELES COUNTY LOS ANGELES COUNTY IS HOME TO MORE THAN 10 MILLION RESIDENTS, APPROXIMATELY 26 PERCENT OF THE STATE'S POPULATION, WHO COME FROM AROUND THE WORLD AND SPEAK MORE THAN 140 LANGUAGES IT IS THE MOST POPULOUS COUNTY IN THE NATION--AND ONE OF THE MOST ETHNICALLY AND RACIALLY DIVERSE THE HOSPITAL IS PHYSICALLY LOCATED IN THE METRO AREA OF THE CITY OF LOS ANGELES IT IS A REGIONAL, TERTIARY HEALTHCARE FACILITY THAT SERVES PATIENTS THROUGHOUT L A COUNTY AND BEYOND AND IS THE ONLY LEVEL 1 PEDIATRIC TRAUMA CENTER BETWEEN SAN FRANCISCO AND SAN DIEGO

Form and Line Reference	Explanation
PART VI, LINE 5	AT CHILDREN'S HOSPITAL LOS ANGELES, OUR COMMITMENT TO PATIENTS AND THEIR FAMILIES EXTENDS WELL BEYOND THE WALLS OF OUR HOSPITAL OUR COMMUNITY BENEFIT SERVICES AND ACTIVITIES ENSUR E WE REMAIN RESPONSIVE TO THE NEEDS OF OUR COMMUNITY AND BUILD ON OUR COMMUNITY NETWORK OF CARE OUR COMMUNITY BENEFIT INVESTMENT HELPS MAKE A DIFFERENCE IN THE LIVES OF THE THOUSA NDS OF CHILDREN, ADOLESCENTS AND FAMILIES WE SERVE THROUGHOUT THE LOS ANGELES COUNTY REGIO N, AS WELL AS THE THOUSANDS REACHED THROUGH OUR NATIONAL AND INTERNATIONAL EFFORTS COMMUNI TY BENEFIT SERVICES AND ACTIVITIES ARE DESIGNED TO PROVIDE TREATMENT AND PROMOTE HEALTH AS A RESPONSE TO IDENTIFIED COMMUNITY NEEDS OUR OBJECTIVES ARE TO IMPROVE ACCESS TO HEALTH CARE SERVICES, ENHANCE PUBLIC HEALTH OF THE COMMUNITY, ADVANCE MEDICAL OR HEALTH CARE KNOW LEDGE THAT PROVIDES PUBLIC BENEFIT, AND RELIEVE OR REDUCE THE BURDEN OF GOVERNMENT OR OTHE R COMMUNITY EFFORTS -- FILIPINO FAMILY HEALTH INITIATIVE HOW TO BRIDGE THE CULTURAL GAP - THE INCREDIBLE YEARS (IY) PROGRAM IS AN EVIDENCE-BASED PARENT TRAINING INTERVENTION FOR PARENTS OF CHILDREN AGES 6-12 THAT IS EFFECTIVE IN REDUCING EARLY ONSET CONDUCT PROBLEMS THE PROGRAM SHARES VIDEO VIGNETTES OF BOTH POSITIVE AND NEGATIVE PARENT-CHILD INTERACTIONS , ALLOWS PARENTS TO SHARE, OBSERVE AND LEARN FROM EACH, AND RECOGNIZES THE PARENTS AS THE EXPERTS IN THEIR CHILD'S BEHAVIOR WHILE THESE LESSONS ARE GENERALLY APPLICABLE, CULTURE A DDS ANOTHER LEVEL OF COMPLEXITY THROUGH PARTNERSHIPS WITH THE FILIPINO COMMUNITY IN LOS A NGELES (THE LARGEST AND FASTEST GROWING ASIAN SUBGROUP IN CALIFORNIA) FACILITATED BY DR J OYCE JAVIER, MD, MPH, THE IY PROGRAM WAS CUSTOMIZED TO HONOR THE UNIQUE CULTURAL ATTRIBUTE S OF THE FILIPINO COMMUNITY WHILE RECOGNIZING THE IMPACT OF THEIR CURRENT CULTURAL AND SOC IAL ENVIRONMENT -- TRANSITION AND TRANSFER - STRENGTHENING THE BRIDGE FROM PEDIATRIC TO AD ULT CARE - CHLA IS THE LARGEST TERTIARY CARE PEDIATRIC INSTITUTION IN THE WESTERN US THAN KS TO CALIFORNIA'S TITLE V PROGRAM, CALIFORNIA CHILDREN'S SERVICES (CCS), CHLA IS ABLE TO PROVIDE COMPREHENSIVE, MULTI-DISCIPLINARY HEALTHCARE TO CHILDREN AND ADOLESCENTS WHO ARE L IVING WITH CHRONIC ILLNESSES AND DISABILITY, REGARDLESS OF INCOME UNFORTUNATELY, CCS BENE FITS AND ITS SUPPORT OF COMPREHENSIVE CARE TEAMS END WHEN PATIENTS REACH THEIR 21ST BIRTHD AY AND THERE IS NO EQUIVALENT ADULT BENEFIT SYSTEM TRANSITION PREPARATION AND SUPPORT HAS BECOME A PRIORITY CONCERN OF OUR CHLA TEAMS THE DIVISION OF ADOLESCENT MEDICINE OFFERS T HE MYVOICE ADOLESCENT TRANSITION PROGRAM TO ADOLESCENT PATIENTS WHO ARE COGNITIVELY CAPABL E OF INDEPENDENT LIVING IN 2012, THE ADOLESCENT AND YOUNG ADULT (AYA) TRANSITION WORKING COUNCIL FIRST CONVENED TO ESTABLISH A CHLA-WIDE TRANSITION INFRASTRUCTURE TO ADDRESS, COOR DINATE AND SUPPORT ALL TRANSITION EFFORTS THE WORKING COUNCIL WAS FORMED TO TAKE ADVANTAG E OF SYNERGIES ACROSS CHLA'S EXISTING TRANSITION EFFORTS, SHARE LEARNING AND DEVELOP STRAT EGIES TO IMPROVE THE PROCESS OF PREPARING PATIENTS AND FAMILIES FOR TRANSITION THE ADOLES CENT CARE AND TRANSITION (ACT) CLINIC WAS LAUNCHED IN MAY 2015 AND OFFERS A TEAM OF PRIMAR Y CARE PROVIDERS TRAINED IN ADULT AND PEDIATRIC MEDICINE (MED-PEDS) AND WRAP-AROUND SUPPOR T FROM INSURANCE COUNSELORS, CASE MANAGEMENT, HEALTH EDUCATION AND ACCESS TO MENTAL HEALTH CARE THE ACT CLINIC HAS BECOME A WELCOMING, ATTRACTIVE AND RESPONSIVE NEW HOME FOR PATIE NTS ENROLLED IN THE PROGRAM AS A NEW, GROWING PROGRAM, WE ARE STARTING FIRST BY TRANSFERR ING PATIENTS FROM FOUR SUB-SPECIALTIES - RHEUMATOLOGY, ENDOCRINOLOGY, NEPHROLOGY AND CARDI OLOGY SINCE ITS LAUNCH, 113 PATIENTS HAVE SUCCESSFULLY TRANSFERRED TO THE ACT PROGRAM -- SMILE RESTORED! - THE LOS ANGELES AND SOUTHERN CALIFORNIA COMMUNITY HAVE GROWN TO RELY ON THE WORK OF CHLA DENTISTS FOR ROUTINE AND SPECIALIZED DENTAL CARE FOR SOME OF OUR MOST VU LNERABLE MEMBERS WHILE THE DIVISION PERFORMS OVER 9,000 OUTPATIENT VISITS YEARLY, MOST OF WHOM HAVE SEVERE MEDICAL DISABILITIES, IN MANY WAYS THE WORK DONE AFTERHOURS IN THE EMERG ENCY DEPARTMENT IS ONE OF THE ASPECTS OF THEIR WORK THAT IS MOST APPRECIATED BY THE COMMUN ITY AT LARGE WHILE SOME TRAUMA IS SEVERE ENOUGH TO BE APPROPRIATELY CARED FOR IN THE EMER GENCY DEPARTMENT, A TROUBLING INCREASE IN DENTAL RELATED EMERGENCY VISITS NATIONWIDE SUGGE STS THAT THIS IS NOT OFTEN THE CASE IT HAS BEEN ESTIMATED THAT 2 TO 3% OF ED VISITS NATIO NWIDE ARE FOR PREVENTABLE DENTAL CONDITIONS AT CHLA, IN ADDITION TO PROVIDING CARE FOR OV ER 1,000 PATIENTS THAT VISIT THE EMERGENCY DEPARTMENT, THE DIVISION OF DENTISTRY IS ALSO W ORKING WITH THE COMMUNITY TO FIND APPROPRIATE DENTAL HOMES FOR THE CHILDREN MOST AT RISK O F DEVELOPING ORAL DISEASES WITH APPROPRIATE ORAL HEALTH EDUCATION AND CARE EARLY ON, THE MORE SEVERE EFFECTS OF THE DISEASE CAN BE PREVENTED -- BODYWORKS - BODYWORKS IS NOT A WEIG HT-LOSS PROGRAM FOR OVERWEIGHT CHILDREN IT IS A COMPREHENSIVE FAMILY-CENTERED, CHILD-DRIV EN PROGRAM THAT FOCUSES ON THE EXPERIENCE OF BECOM

Form and Line Reference	Explanation
PART VI, LINE 5	ING HEALTHIER AS A COMMUNITY IT IS ABOUT LEADERSHIP DEVELOPMENT FOR PARENTS AND CHILDREN TO EMPOWER THEM TO TAKE CONTROL OF THEIR HEALTH AND QUALITY OF LIFE MOST OF THE FAMILIES IN THE BODYWORKS PROGRAM HAVE LIMITED FINANCIAL RESOURCES AND LIVE AT OR BELOW 100% THE 20 15 FEDERAL POVERTY LEVEL (FPL) THE TEAM SETS THE TONE FOR FAMILY ENGAGEMENT IN HEALTHCARE BY SUPPORTING KNOWLEDGE- AND SKILL-BUILDING, PROVIDING OPPORTUNITIES FOR PRACTICE AND SUC CESS, AND NURTURING SELF-EFFICACY THE PROGRAM EMPHASIZES THE POWER OF MAKING HEALTHIER CH OICES AND ENGAGING IN MEANINGFUL HEALTH-PROMOTING ACTIVITIES -- EMPOWER - IN LOS ANGELES C OUNTY, OVER 40% OF CHILDREN ARE OVERWEIGHT OR OBESE THE EMPOWER (ENERGY MANAGEMENT FOR PE RSONALIZED WEIGHT REDUCTION) CLINIC AT CHLA, LAUNCHED IN 2014, WAS DESIGNED TO CONSIDER TH E WHOLE PERSON AT EMPOWER, WE BELIEVE THAT ALL CHILDREN AND ADOLESCENTS HAVE THE POTENTIA L TO ACHIEVE A HEALTHY WEIGHT, ALTHOUGH IT OFTEN REQUIRES A PERSONALIZED APPROACH WITH A S PECIALLY-TRAINED TEAM PSYCHOLOGISTS HELP THE FAMILY IDENTIFY AND REMOVE BARRIERS TO CREAT ING A HEALTHIER LIFESTYLE PHYSICAL THERAPISTS CREATE PERSONALIZED ACTIVITY PLANS BASED ON ASSESSMENT OF THE CHILD'S CAPACITY REGISTERED DIETITIANS ADDRESS COOKING AND MEALTIME T HE COMPREHENSIVE PLAN NOT ONLY LEADS TO IMPROVED HEALTH BUT ALSO STRENGTHENS CHILD'S SKILL S AND ENDURANCE, HELPING KIDS TO BETTER ENGAGE IN THEIR COMMUNITY THROUGH TEAM SPORTS AND PEER ACTIVITIES IN ITS SHORT TWO YEARS, THE EMPOWER TEAM HAS CARED FOR OVER 300 PATIENTS AND THEIR FAMILIES -- SPECIAL OLYMPIC WORLD GAMES - LOS ANGELES WAS THE HOST CITY TO THE 2015 SPECIAL OLYMPICS WORLD GAMES NANCY BLAKE, PHD, RN, AND DIRECTOR, CRITICAL CARE SERVI CES, AND J LEE PACE, MD, ORTHOPEDIC SURGERY, SPEARHEADED EFFORTS AT THE HOSPITAL TO PROVI DE NEARLY 150 MEDICAL VOLUNTEERS DURING THE EVENT NURSES REPRESENTING ALL AREAS OF THE HO SPITAL, INCLUDING THE EMERGENCY DEPARTMENT, SURGICAL ADMITTING AND FLOAT POOL, PROVIDED FI RST AID TO ATHLETES PARTICIPATING IN THE GAMES WITH VENUES ACROSS THE GREATER LOS ANGELES AREA, CHILDREN'S HOSPITAL LOS ANGELES COORDINATED MEDICAL SERVICES FOR ALL OF THE COMPETI NG ATHLETES IN ADDITION TO GIVING THEIR TIME DURING THE GAMES, CHLA'S VOLUNTEERS ATTENDED ORIENTATION AND INFORMATION SESSIONS TO REVIEW PROTOCOLS AND PROCEDURES THE 2015 SPECIAL OLYMPICS WORLD GAMES FEATURED OVER 6,500 SPECIAL OLYMPICS ATHLETES FROM MORE THAN 165 NAT IONS COMPETING IN 25 OLYMPIC-TYPE SPORTS

Form and Line Reference	Explanation
PART VI, LINE 6	CHILDREN'S HOSPITAL LOS ANGELES IS NOT PART OF AN AFFILIATED HEALTH CARE SYSTEM

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

Additional Data

Software ID:
Software Version:
EIN: 95-1690977
Name: CHILDREN'S HOSPITAL LOS ANGELES

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

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

Form and Line Reference	Explanation
CHILDREN'S HOSPITAL LOS ANGELES	
CHILDREN'S HOSPITAL LOS ANGELES	PART V, SECTION B, LINE 11 AS PART OF THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), HEALT H AND SOCIAL NEEDS WERE IDENTIFIED THROUGH AN EXAMINATION OF PRIMARY AND SECONDARY DATA AN D THEN PRIORITIZED THROUGH A STRUCTURED PROCESS USING THE RELATIVE WORTH METHOD THIS METH OD IS A RANKING STRATEGY WHERE EACH PARTICIPANT IN THE PROCESS RECEIVED A FIXED NUMBER OF POINTS TO RANK EACH IDENTIFIED NEED THE PRIORITY AREAS THAT ARE BEING ADDRESSED ARE ACCE SS TO CARE, HEALTH PROMOTION AND PREVENTION, OBESITY PREVENTION AND WORKFORCE DEVELOPMENT OTHER HEALTH AND SOCIAL NEEDS THAT WERE IDENTIFIED, SUCH AS MENTAL HEALTH, CHRONIC DISEAS E CONDITIONS, COMMUNITY SAFETY, AND EARLY CHILDHOOD DEVELOPMENT, ARE ALREADY BEING ADDRESS ED BY OTHER LOCAL AND REGIONAL COMMUNITY ORGANIZATIONS THE HOSPITAL IS DEDICATED TO MAKIN G A DIFFERENCE IN THE LIVES OF CHILDREN, ADOLESCENTS AND THEIR FAMILIES AND IS ADDRESSING THE PRIORITY AREAS IDENTIFIED IN THE CHNA BY PROVIDING PROGRAMS AND SERVICES THAT ARE FAMI LY CENTERED AND COMMUNITY BASED -- ACCESS TO CARE - CHILDREN'S HOSPITAL LOS ANGELES IS CON DUCTING COMMUNITY EDUCATION AND OUTREACH REGARDING CALIFORNIA'S HEALTH INSURANCE EXCHANGE AND THE CHANGES IN HEALTH ACCESS PROGRAMS THE HOSPITAL IS ALSO EXPANDING ACCESS TO HEALTH CARE RESOURCES AND INFORMATION REGARDING TRANSITION AND TRANSFER OF CARE FOR YOUNG ADULT PATIENTS LIVING WITH CHRONIC ILLNESS AND DISABILITY -- HEALTH PROMOTION AND PREVENTION - T HE HOSPITAL IS PROMOTING HEALTHY BEHAVIORS AND PREVENTION OF DISEASE THROUGH OUTREACH AND EDUCATION AT LOCAL SCHOOLS, COMMUNITY EVENTS AND EXPOSITIONS CHLA HAS PARTNERED WITH COMM UNITY ORGANIZATIONS TO COORDINATE CHILD HEALTH AND SAFETY CAMPAIGNS -- OBESITY PREVENTION - CHILDREN'S HOSPITAL LOS ANGELES HAS COLLABORATED WITH LOCAL COMMUNITY CLINICS IN UNDERSE RVED AREAS TO PROVIDE AN INFORMATION AND RESOURCES TOOLKIT FOR PROVIDERS REGARDING CHILDHO OD OBESITY AND DIABETES MULTIDISCIPLINARY ACTIVITIES HAVE ALSO BEEN DEVELOPED AT THE HOSP ITAL TO PROMOTE EARLY INTERVENTION FOR OBESITY -- WORKFORCE DEVELOPMENT - THE HOSPITAL IS WORKING TO ADVANCE CURRENT EFFORTS TO EXPAND INTERNSHIPS, MENTORSHIPS AND WORK EXPERIENCE OPPORTUNITIES FOR YOUNG ADULTS AND UNEMPLOYED INDIVIDUALS
CHILDREN'S HOSPITAL LOS ANGELES	PART V, SECTION B, LINE 22D THE HOSPITAL WILL CHARGE THE GREATER OF THE MAXIMUM AMOUNTS T HAT CAN BE CHARGED TO FAP-ELIGIBLE INDIVIDUALS DETERMINED BY THE FOLLOWING METHODS - LOWE ST NEGOTIATED COMMERCIAL INSURANCE RATE - AVERAGE OF ITS THREE LOWEST NEGOTIATED COMMERCIA L INSURANCE RATES - MEDICARE RATES
PART V, SECTION B, LINE 16	FINANCIAL ASSISTANCE POLICY WEBSITE AVAILABILITY
CHILDREN'S HOSPITAL LOS ANGELES PART V, SECTION B, LINE 16A WEBSITE	WWW CHLA ORG
CHILDREN'S HOSPITAL LOS ANGELES PART V, SECTION B, LINE 16C WEBSITE	WWW CHLA ORG

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL LOS ANGELES

Employer identification number
95-1690977

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CALIFORNIA HEALTH FOUNDATION AND TRUST 1215 K STREET SUITE 800 SACRAMENTO,CA 95814	94-1498687	501(C)(3)	4,112,840	0			SUPPORT CHARITABLE ACTIVITES AT HOSPITALS AND HEALTH SYSTEMS IN CALIFORNIA

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

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

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

Return Reference	Explanation
PART I, LINE 2	GRANTS WILL ONLY BE MADE TO 501(C)(3) ORGANIZATIONS TO ENSURE THE FUNDS WILL BE USED PROPERLY

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL LOS ANGELES

Employer identification number
95-1690977

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☑ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	HENRI FORD RECEIVED A HOUSING ALLOWANCE OF $121,406 IN CALENDAR YEAR 2014, WHICH WAS TREATED AS TAXABLE COMPENSATION RICHARD CORDOVA HAS A DISCRETIONARY SPENDING ACCOUNT OF $36,000 FOR CALENDAR YEAR 2014 THIS ACCOUNT IS TO BE USED FOR CHLA BUSINESS ACTIVITIES IN HIS ROLE AS CEO THIS AMOUNT WAS REPORTED AS TAXABLE INCOME ON HIS FORM W-2
PART I, LINE 4B	THE FOLLOWING INDIVIDUALS PARTICIPATED IN CHLA'S 457(F) PLAN, A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AMOUNTS DEFERRED UNDER SECTION 457(F) PLAN ARE SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE THESE AMOUNTS WILL BE REPORTED AS COMPENSATION FOR THE YEAR PAID AMOUNTS RECOGNIZED AS TAXABLE COMPENSATION ON THE EMPLOYEE'S 2014 FORM W-2 REFLECT PAYMENTS RECEIVED BY THE EMPLOYEE DURING CALENDAR YEAR 2014 THAT WERE PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN PRIOR YEAR FORM 990S MARY DEE HACKER - $79,079 DIEMLAN (LANNIE) TONNU - $67,866 LAWRENCE FOUST - $59,567 GRACE OH - $31,667 SMITHA RAVIPUDI - $13,455 RODNEY HANNERS - $297,142 DEANN MARSHALL - $50,953 KEITH HOBBS - $35,067 TIM MALSEED - $35,445
PART I, LINE 7	CHLA MAINTAINS AN EXECUTIVE BONUS PROGRAM THAT AWARDS INCENTIVE COMPENSATION BASED UPON ACHIEVEMENT OF ORGANIZATIONAL OBJECTIVES INCLUDING HEALTH OUTCOMES, QUALITY IMPROVEMENT, LEVEL OF COMMUNITY BENEFIT PROVIDED AND OTHER MEASURES AS DETERMINED ANNUALLY BY THE COMPENSATION COMMITTEE ALTHOUGH THE AMOUNT OF BONUS INCENTIVES THAT EACH EMPLOYEE MAY BE GRANTED IS BASED ON A FIXED FORMULA, THE COMPENSATION COMMITTEE HAS THE DISCRETION TO DETERMINE THE EXTENT OF THE GOALS THAT HAVE BEEN MET BY EACH EMPLOYEE PURSUANT TO THE AFFILIATE AGREEMENT WITH THE UNIVERSITY OF SOUTHERN CALIFORNIA ("USC"), AN UNRELATED ORGANIZATION, THE FOLLOWING COMPENSATION AMOUNTS WERE PAID TO THE FOLLOWING LISTED INDIVIDUALS BY USC USC WAS SUBSEQUENTLY REIMBURSED BY CHLA FOR THE AMOUNTS HENRI FORD, M D - $600,783 STUART E SIEGEL, M D - $292,652 BRENT POLK, M D - $574,219 MARK D KRIEGER, M D - $392,288 CARL GRUSHKIN, M D - $242,445 ROBERTA G WILLIAMS, M D - $309,720 ROBERT ADLER, M D (FORMER) - $423,492 ROBERT KAY, M D (FORMER) - $153,525 IN ADDITION TO HER FUNDRAISING ACTIVITIES, BONNIE MCCLURE ALSO ADMINISTERS THE HOSPITAL'S PHOTOGRAPHIC AND MEMORABILIA ARCHIVES AND ADMINISTERS THE TOUR DOCENT PROGRAM SHE WAS COMPENSATED $64,000 FOR HER SERVICES RICHARD CORDOVA RECEIVED DEFERRED COMPENSATION IN 2014 PURSUANT TO RETENTION PLANS DATED 2010 THROUGH 2014 REFER TO THE NARRATIVE ON SCHEDULE O FOR PART VI, SECTION B, LINE 15A REGARDING THE PROCESS FOR DETERMINING THE PRESIDENT/CEO'S COMPENSATION

Additional Data

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Software Version:
EIN: 95-1690977
Name: CHILDREN'S HOSPITAL LOS ANGELES

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
RICHARD CORDOVA, PRESIDENT & CEO/TRUSTEE	(I)	688,583	1,635,606	800,710	664,337	37,367	3,826,603	0
	(II)	0	0	0	0	0	0	0
MARY DEE HACKER, TRUSTEE/VP PATIENT CARE	(I)	268,350	75,000	109,271	54,595	23,056	530,272	79,079
	(II)	0	0	0	0	0	0	0
HENRI FORD MD, TRUSTEE/FACULTY PHYSICIAN/VP	(I)	553,283	47,500	121,406	0	0	722,189	0
	(II)	0	0	0	0	0	0	0
BRENT POLK MD, TRUSTEE/FACULTY PHYSICIAN	(I)	509,219	65,000	0	0	0	574,219	0
	(II)	0	0	0	0	0	0	0
STUART SIEGEL MD, TRUSTEE/FACULTY PHYSICIAN	(I)	292,652	0	0	0	0	292,652	0
	(II)	0	0	0	0	0	0	0
ROBERTA WILLIAMS MD, TRUSTEE/FACULTY PHYSICIAN	(I)	309,720	0	0	0	0	309,720	0
	(II)	0	0	0	0	0	0	0
MARK D KRIEGER MD, TRUSTEE/FACULTY PHYSICIAN	(I)	392,288	0	0	0	0	392,288	0
	(II)	0	0	0	0	0	0	0
CARL GRUSHKIN MD, TRUSTEE/FACULTY PHYSICIAN	(I)	242,445	0	0	0	0	242,445	0
	(II)	0	0	0	0	0	0	0
DIEMLAN LANNIE TONNU, SVP/CFO/TREASURER	(I)	412,599	103,740	102,912	113,447	29,854	762,552	67,866
	(II)	0	0	0	0	0	0	0
LAWRENCE FOUST, SVP-GEN COUNSEL/SEC (THROUGH 9/12/14	(I)	254,800	0	130,208	53,476	10,347	448,831	59,567
	(II)	0	0	0	0	0	0	0
GRACE OH, SVP-GEN COUNSEL	(I)	293,711	68,000	33,087	39,461	27,358	461,617	31,667
	(II)	0	0	0	0	0	0	0
SMITHA RAVIPUDI, VP-SVC, ACCESS AMB OPS	(I)	245,260	63,086	13,455	42,518	17,129	381,448	13,455
	(II)	0	0	0	0	0	0	0
RODNEY HANNERS, SVP OPERATIONS/COO	(I)	441,049	110,295	335,899	114,525	37,461	1,039,229	297,142
	(II)	0	0	0	0	0	0	0
DEANN MARSHALL, SVP, CHIEF DEV & MKTG OFFICER	(I)	367,449	96,564	114,560	122,190	25,660	726,423	50,953
	(II)	0	0	0	0	0	0	0
GAIL MARGOLIS, VP, GOVERNMENT & PUBLIC POLICY	(I)	235,137	58,556	24,827	35,831	21,844	376,195	0
	(II)	0	0	0	0	0	0	0
KEITH HOBBS, VP, ANCILLARY & SUPPORT SERVICES	(I)	246,934	64,927	51,268	40,838	23,986	427,953	35,067
	(II)	0	0	0	0	0	0	0
TIM MALSEED, VP, CHIEF INFORMATION OFFICER	(I)	300,294	48,750	47,402	57,498	1,681	455,625	35,445
	(II)	0	0	0	0	0	0	0
TERENCE GREEN, DIR, FOUNDATION	(I)	215,245	21,855	28,235	27,972	19,250	312,557	0
	(II)	0	0	0	0	0	0	0
SHELLEY CONGER, DIR, FOUNDATION	(I)	206,598	19,576	70,405	26,789	12,384	335,752	0
	(II)	0	0	0	0	0	0	0
ROBERT ADLER MD, FORMER TRUSTEE/FACULTY PHYSICIAN	(I)	422,492	1,000	0	0	0	423,492	0
	(II)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ROBERT KAY MD, FORMER TRUSTEE/FACULTY PHYSICIAN	(I)	153,525	0	0	0	0	153,525	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL LOS ANGELES

Employer identification number
95-1690977

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY	68-0164610	130795CQ8	04-24-2007	170,792,342	FINANCED THE COSTS OF MAJOR EXPANSION		X		X		X
B	CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828	13033LHC4	05-20-2010	186,024,080	REFUND BONDS ISSUED 5/26/1999, 9/8/2004, AND 7/24/2008		X		X		X
C	CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828	13033LB22	08-15-2012	182,930,717	REFUND BONDS ISSUED 5/26/1999, 12/18/2009, AND 5/20/2010		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		57,260,000		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	170,792,342	186,024,080	182,930,717	
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds	9,301,225			
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,500,000	2,649,898	2,310,722	
8	Credit enhancement from proceeds		5,208,323		
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	159,991,117			
11	Other spent proceeds		178,165,859	180,619,995	
12	Other unspent proceeds				
13	Year of substantial completion	2009			

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X			X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X						
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 800 %		0 %		0 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %			
6	Total of lines 4 and 5	0 800 %		0 %		0 %			
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X	X			
b	Exception to rebate?		X		X		X		
c	No rebate due?	X		X			X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X		X			
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		
b	Name of provider	GOLDMAN SACHS & CO							
c	Term of hedge	0 100000000000							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?	X							

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X		X		
b	Name of provider	AIG MATCHED FUNDING							
c	Term of GIC	1 400000000000							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K SUPPLENTAL INFORMATION	PART III, LINE 3B WHILE CHLA DOES NOT ROUTINELY ENGAGE BOND COUNSEL OR OTHER OUTSIDE COUNSEL TO REVIEW ANY CONTRACTS OR AGREEMENTS RELATING TO TAX-EXEMPT BOND-FINANCED PROPERTY, CHLA UTILIZES ITS FULL-TIME IN-HOUSE LEGAL DEPARTMENT TO REVIEW ANY SUCH CONTRACTS CHLA'S GENERAL COUNSEL'S OFFICE HAS DEVELOPED INTERNAL PROCEDURES FOR REVIEWING CONTRACTS RELATING TO TAX-EXEMPT BOND-FINANCED PROPERTIES TO ENSURE COMPLIANCE WITH PROPER SAFE HARBORS PART IV, LINE 5C, COLUMN A THERE WERE TWO CONTRACTS WITH THE PROVIDER, ONE WITH A TERM OF 1 3 YEARS, THE OTHER WITH A TERM OF 2 3 YEARS

Return Reference	Explanation
PART IV, LINE 2C	BOND A CALCULATION PERFORMED ON 04/25/2015 BOND B CALCULATION PERFORMED ON 05/20/2015

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No
(1) DEANN MARSHALL	SVP, CHIEF DEV & MKTG OFFICER	HOUSING ASSISTANCE		X	300,000	37,500		No	Yes		Yes	
(2) DEANN MARSHALL	SVP, CHIEF DEV & MKTG OFFICER	HOUSING ASSISTANCE		X	100,000	113,300		No	Yes		Yes	
Total	▶ $				150,800							

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MR ALAN PURWIN TRUSTEE	PRESIDENT OF HELINET AVIATION	199,457	PROVIDES TRANSPORTATION SERVICES FOR THE HOSPITAL		No
(2) MR ALEX CHAVES SR TRUSTEE	OWNER OF PARKING COMPANY OF AMERICA	3,449,489	PROVIDES PARKING SERVICES FOR THE HOSPITAL		No
(3) MEGAN HERNANDEZ TRUSTEE	HUSBAND IS ENRIQUE HERNANDEZ, FOUNDER AND HEAD OF INTER-CON SECURITY SYSTEM	3,014,798	PROVIDES PRIVATE SECURITY SERVICES FOR THE HOSPITAL		No

Part V Supplemental Information

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

Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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Employer identification number
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Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	60	3,037,474	COST OR SELLING PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 | 0

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	CHLA IS REPORTING THE NUMBER OF CONTRIBUTIONS
PART I, LINE 32B	THE HOSPITAL USES BROKERAGE HOUSES TO SELL NON-CASH CONTRIBUTIONS

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE CONSISTS OF ONLY ACTIVE VOTING MEMBERS OF THE BOARD OF TRUSTEES AND IS COMPOSED OF THE CO-CHAIRPERSONS OF THE BOARD, THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE HOSPITAL, THE CHAIRPERSONS OF EVERY STANDING COMMITTEE OF THE BOARD, THE CHIEF OF MEDICAL STAFF OF THE HOSPITAL, THE CHIEF NURSING OFFICER OF THE HOSPITAL, AND OTHER TRUSTEES APPOINTED BY THE CO-CHAIRPERSONS OF THE BOARD WITH THE CONSENT OF THE BOARD OF TRUSTEES THE EXECUTIVE COMMITTEE MAY ACT WITH THE FULL AUTHORITY OF THE BOARD OF TRUSTEES EXCEPT ON THOSE MATTERS THAT ARE REQUIRED BY LAW OR THE BYLAWS TO BE DECIDED BY THE FULL BOARD OF TRUSTEES ALL ACTIONS OF THE EXECUTIVE COMMITTEE ARE REFLECTED IN MINUTES OF THE COMMITTEE, CONTEMPORANEOUSLY DOCUMENTED AND REPORTED TO THE FULL BOARD OF TRUSTEES AT ITS NEXT MEETING

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	1 ALAN WILSON (TRUSTEE) - BUSINESS RELATIONSHIPS AMONG THEODORE SAMUELS (TRUSTEE), BILL HURT (TRUSTEE) AND JAMES TERRILE (TRUSTEE) 2 SUSAN MALLORY (TRUSTEE) - BUSINESS RELATIONSHIP WITH MARCIA HOBBS (TRUSTEE) 3 ELIZABETH LOWE (TRUSTEE) - BUSINESS RELATIONSHIPS AMONG THEODORE SAMUELS (TRUSTEE), JAMES TERRILE (TRUSTEE), ALAN WILSON (TRUSTEE) AND BILL HURT (TRUSTEE)

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE FOLLOWING SIGNIFICANT CHANGES WERE MADE TO THE BYLAWS DURING THE YEAR - ADDED CENTER FOR GLOBAL HEALTH COMMITTEE AS A NEW COMMITTEE TO THE TABLE OF CONTENTS UNDER ARTICLE IV COMMITTEES, SECTION 4 CREATION OF CERTAIN STANDING COMMITTEES - NOMINATING COMMITTEE MERGED WITH GOVERNANCE COMMITTEE AND RETAINED THE NAME "GOVERNANCE" COMMITTEE. THIS CHANGE REFLECTS THE CORRECT NAME OF THE COMMITTEE. - LANGUAGE ADDED IN ARTICLE III, SECTION 7 E.1 "CREATION OF STANDING OR SPECIAL COMMITTEE HOLDING ANY AUTHORITY OF THE BOARD, WHICH ACT SHALL REQUIRE A MAJORITY OF THE NUMBER OF ACTIVE TRUSTEES THEN CURRENTLY IN OFFICE." - CHANGED "GOVERNING" COMMITTEE TO "GOVERNANCE" COMMITTEE UNDER ARTICLE III, SECTION 8 - LANGUAGE ADDED IN ARTICLE IV, SECTION 3A "THE APPOINTMENT OF NEW MEMBERS, NEW CHAIRS AND (IF ANY) NEW VICE CHAIRS IS EFFECTIVE ON THE DATE THAT THE FULL BOARD APPROVES THE APPOINTMENT, BUT THEIR FIRST FULL TERM DOES NOT BEGIN UNTIL THE FOLLOWING JULY 1ST," - CHANGED REFERENCE TO "ARTICLE III E.2" TO "ARTICLE III 7 E.2" IN ARTICLE IV, SECTION 3A - LANGUAGE ADDED IN ARTICLE IV, SECTION 3A COMMITTEE CHAIRS SHALL NOT HOLD THEIR RESPECTIVE OFFICES FOR MORE THAN TWO CONSECUTIVE TERMS, HOWEVER, THE CO-CHAIRS OF THE BOARD MAY, AT THEIR DISCRETION, EXTEND THE TERM OF A COMMITTEE CHAIR IN EXTENUATING CIRCUMSTANCES " COMMITTEE CHAIRS MAY SERVE CONSECUTIVE TERMS AS THE CHAIR OF DIFFERENT COMMITTEES " - LANGUAGE ADDED IN ARTICLE IV, SECTION 3B "THE APPOINTMENT OF NEW MEMBERS, NEW CHAIRS AND (IF ANY) NEW VICE CHAIRS IS EFFECTIVE ON THE DATE THAT THE FULL BOARD APPROVES THE APPOINTMENT, BUT THEIR FIRST FULL TERM DOES NOT BEGIN UNTIL THE FOLLOWING JULY 1ST " - UNDER ARTICLE IV, SECTION 4L CREATION OF CERTAIN STANDING COMMITTEES, ADDED A NEW COMMITTEE. CENTER FOR GLOBAL HEALTH THE HOSPITAL SHALL HAVE A CENTER FOR GLOBAL HEALTH COMMITTEE CONSISTING OF AT LEAST SEVEN ELECTED TRUSTEES, THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE HOSPITAL, AND THE CHAIR OF THE FINANCE COMMITTEE. THE PURPOSE, RESPONSIBILITIES, AND AUTHORITY OF THE CENTER FOR GLOBAL HEALTH COMMITTEE SHALL BE AS SET FORTH IN A CHARTER, AS DESCRIBED IN ARTICLE IV, SECTION 5 "

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY DELOITTE TAX LLP, WORKING IN CONJUNCTION WITH CHLA'S FINANCE DEPARTMENT CHLA'S DIRECTOR OF ACCOUNTING HAS DIRECT RESPONSIBILITY FOR THIS EFFORT, SUBJECT TO SUPERVISION BY THE CHIEF FINANCIAL OFFICER AFTER AN INITIAL DRAFT OF THE FORM 990 IS PREPARED, IT IS CIRCULATED FOR REVIEW AND COMMENT BY RELEVANT MEMBERS OF THE EXECUTIVE TEAM WHO HAVE RESPONSIBILITY AND/OR KNOWLEDGE ABOUT THE VARIOUS MATTERS DISCLOSED AND/OR DESCRIBED IN THE FORM THE CHIEF FINANCIAL OFFICER AND GENERAL COUNSEL, IN PARTICULAR, REVIEW THE FORM 990 AND ENSURE ACCURACY OF DESCRIPTIONS AND THAT DISCLOSURE IS COMPLETE THE DRAFT FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE OF CHLA, ACTING ON BEHALF OF THE BOARD OF TRUSTEES OF CHLA ONCE THE DRAFT FORM 990 HAS BEEN REVIEWED AND DISCUSSED BY THE AUDIT COMMITTEE, ANY CHANGES RESULTING FROM THEIR REVIEW IS INCORPORATED INTO THE FINAL DRAFT OF THE FORM 990 THE FINAL DRAFT OF THE FORM 990 IS THEN DISTRIBUTED TO THE BOARD OF TRUSTEES VIA A SECURE WEB SITE FOR THEIR REVIEW AND COMMENTS PRIOR TO THE FILING OF THE FORM 990

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CHLA REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY THROUGH ANNUAL CIRCULATION OF A CONFLICT OF INTEREST QUESTIONNAIRE WHICH IS REQUIRED TO BE ANSWERED BY ALL OFFICERS AND MEMBERS OF THE BOARD OF TRUSTEES, AS WELL AS CERTAIN KEY EMPLOYEES THAT ARE DESIGNATED ANNUALLY BY THE GOVERNANCE COMMITTEE. THESE ANNUAL DISCLOSURES ARE REVIEWED BY A COMBINATION OF CHLA'S GENERAL COUNSEL, COMPLIANCE OFFICER, CHIEF EXECUTIVE OFFICER, GOVERNANCE COMMITTEE OF THE BOARD AND THE FULL BOARD OF TRUSTEES, DEPENDING ON THE INDIVIDUAL MAKING THE DISCLOSURE. ADDITIONALLY, THE LEGAL DEPARTMENT OF CHLA REVIEWS CONTRACTUAL RELATIONSHIPS ENTERED INTO BY CHLA. FURTHERMORE, BOARD MEMBERS AND OFFICERS ARE ASKED TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST ON A CONTINUOUS BASIS THROUGHOUT THE YEAR. IF A POTENTIAL CONFLICT EXISTS, THE BOARD OR COMMITTEE DETERMINES WHETHER THE BOARD MEMBER OR OFFICER SHOULD BE EXCLUDED FROM VOTING ON THAT PARTICULAR MATTER

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	15 A THE PROCESS FOR DETERMINING THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER OF CHLA IS CONDUCTED BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES OF CHLA, ACTING ON BEHALF OF THE BOARD OF TRUSTEES OF THE ORGANIZATION THE COMPENSATION COMMITTEE REPORTED ITS DELIBERATIONS AND DECISIONS TO THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES IN DETERMINING THE CHIEF EXECUTIVE OFFICER'S COMPENSATION DURING THE TAX PERIOD OF THIS INFORMATION RETURN THE COMPENSATION COMMITTEE WORKED WITH AND RELIED UPON THE COUNSEL AND EXPERTISE OF MERCER CONSULTING, A FIRM WITH EXPERIENCE AND EXPERTISE IN THE AREA OF NON-PROFIT ORGANIZATION EXECUTIVE COMPENSATION MERCER CONSULTING PROVIDED REPORTS TO THE COMPENSATION COMMITTEE, WHICH FURNISHED THE BASIS FOR THE ESTABLISHMENT OF THE CHIEF EXECUTIVE OFFICER'S COMPENSATION PACKAGE THEIR REPORTS WERE BASED ON A REVIEW OF THE EXECUTIVE COMPENSATION PRACTICES OF A VARIETY OF ORGANIZATIONS THAT ARE CONSIDERED COMPARABLE TO CHLA BASED ON VARIOUS METRICS SUCH AS HOSPITAL TYPE AND REVENUE THE COMPENSATION COMMITTEE DELIBERATED ON THE ISSUE OF THE CHIEF EXECUTIVE OFFICER'S COMPENSATION PACKAGE IN LIGHT OF THESE REPORTS AND QUESTIONS WERE ASKED OF, AND ANSWERED BY, MERCER REGARDING SUCH REPORTS AND OTHER RELEVANT MATTERS BASED ON SUCH DELIBERATIONS, THE COMPENSATION COMMITTEE NEGOTIATED A WRITTEN CONTRACT WITH THE CEO 15 B THE PROCESS FOR DETERMINING THE COMPENSATION OF OFFICERS AND OTHER KEY EMPLOYEES OF CHLA IS CONDUCTED BY THE HUMAN RESOURCES DEPARTMENT OF CHLA, AND THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES OF CHLA, ACTING ON BEHALF OF THE BOARD OF TRUSTEES OF THE ORGANIZATION IN DETERMINING SUCH EMPLOYEE'S COMPENSATION, DURING THE 2014 COMPENSATION SEASON THE HUMAN RESOURCES DEPARTMENT AND COMPENSATION COMMITTEE WORKED WITH AND RELIED UPON THE COUNSEL AND EXPERTISE OF MERCER CONSULTING, A FIRM WITH EXPERIENCE AND EXPERTISE IN THE AREA OF NON-PROFIT ORGANIZATION EXECUTIVE COMPENSATION MERCER PROVIDED AN EXECUTIVE COMPENSATION REPORT TO THE HUMAN RESOURCES DEPARTMENT AND COMPENSATION COMMITTEE WHICH FURNISHED THE BASIS FOR THE ESTABLISHMENT OF SUCH EMPLOYEES' COMPENSATION PACKAGE DURING THE FOLLOWING YEAR MERCER'S REPORT WAS BASED ON A REVIEW OF EXECUTIVE COMPENSATION PRACTICES OF A VARIETY OF ORGANIZATIONS THAT ARE CONSIDERED COMPARABLE TO CHLA BASED ON VARIOUS METRICS SUCH AS HOSPITAL TYPE AND REVENUE IN ADDITION, THE CHIEF EXECUTIVE OFFICER MADE A RECOMMENDATION TO THE COMPENSATION COMMITTEE WITH RESPECT TO EACH OF SUCH EMPLOYEES' COMPENSATION PACKAGE IN LIGHT OF THE MERCER REPORT AND IN LIGHT OF THE EXECUTIVE'S PERFORMANCE AT THE COMPENSATION COMMITTEE MEETING ADDRESSING SUCH MATTERS, QUESTIONS WERE ASKED OF, AND ANSWERED BY, MERCER REGARDING SUCH REPORT AND OTHER RELEVANT MATTERS BASED ON SUCH DELIBERATIONS, THE COMPENSATION COMMITTEE MADE A DECISION REGARDING THE COMPENSATION PACKAGE FOR SUCH EMPLOYEES FOR THE FOLLOWING YEAR

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	CHLA DOES NOT MAKE ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC CHLA'S FINANCIAL STATEMENTS ARE CONTAINED IN ITS FORM 990, WHICH IS AVAILABLE FOR PUBLIC INSPECTION DURING BUSINESS HOURS

Return Reference	Explanation
FORM 990, PART VII	THE HOURS REPORTED FOR EACH OF THE FACULTY PHYSICIANS RELATE TO THEIR TOTAL COMPENSATION AS REPORTED IN COLUMN D OF PART VII

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PROFESSIONAL MEDICAL FEES PROGRAM SERVICE EXPENSES 79,492,799 MANAGEMENT AND GENERAL EXPENSES 32,884,407 FUNDRAISING EXPENSES 290,767 TOTAL EXPENSES 112,667,973 MEDICAL-RELATED SERVICES PROGRAM SERVICE EXPENSES 8,143,672 MANAGEMENT AND GENERAL EXPENSES 585,934 FUNDRAISING EXPENSES 150 TOTAL EXPENSES 8,729,756 OTHER PURCHASED SERVICES PROGRAM SERVICE EXPENSES 13,994,648 MANAGEMENT AND GENERAL EXPENSES 27,384,319 FUNDRAISING EXPENSES 2,450,892 TOTAL EXPENSES 43,829,859

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -5,424 TRANSFERS AND OTHER -173,282 INVESTMENT IN DISREGARDED ENTITY 3,918

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL LOS ANGELES

Employer identification number
95-1690977

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) CHLA HOLDINGS LLC 4650 SUNSET BLVD LOS ANGELES, CA 900270980 27-3653228	INVESTMENT VEHICLE	CA	40,237	265,895	CHILDREN'S HOSPITAL OF LOS ANGELES
(2) CHILDREN'S HEALTH SYSTEM OF LOS ANGELES LLC 4650 SUNSET BLVD LOS ANGELES, CA 90027 95-1690977	HEALTHCARE SERVICES	CA	0	0	CHILDREN'S HOSPITAL OF LOS ANGELES
(3) CHILDREN'S HOSPITAL LOS ANGELES HEALTH NETWORK LLC 4650 SUNSET BLVD LOS ANGELES, CA 90027 95-1690977	HEALTHCARE SERVICES	CA	0	0	CHILDREN'S HOSPITAL OF LOS ANGELES
(4) CHLA INTERNATIONAL LLC 4650 SUNSET BLVD LOS ANGELES, CA 90027 47-1738947	HEALTHCARE SERVICES	DE	0	0	CHILDREN'S HOSPITAL OF LOS ANGELES

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) CHLA ESBT 4650 SUNSET BOULEVARD LOS ANGELES, CA 90027 20-3115169	INVESTMENT	CA	CHILDREN'S HOSPITAL LOS ANGELES	T	69,709		100 000 %	Yes	
(2) CRUT-11 4650 SUNSET BOULEVARD LOS ANGELES, CA 90027	CHARITABLE TRUST	CA	CHILDREN'S HOSPITAL LOS ANGELES	T					No
(3) CRAT-3 4650 SUNSET BOULEVARD LOS ANGELES, CA 90027	CHARITABLE TRUST	CA	CHILDREN'S HOSPITAL LOS ANGELES	T					No
(4) MMR LIT-1 4650 SUNSET BOULEVARD LOS ANGELES, CA 90027	CHARITABLE TRUST	CA	CHILDREN'S HOSPITAL LOS ANGELES	T					No
(5) CHILDREN'S HOSPITAL LOS ANGELES MEDICAL FOUNDATION 4650 SUNSET BLVD LOS ANGELES, CA 90027 95-1690977	HEALTHCARE SERVICES	CA	CHILDREN'S HOSPITAL LOS ANGELES	C				Yes	

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

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

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

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 95-1690977
Name: CHILDREN'S HOSPITAL LOS ANGELES

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) ANCHORS GUILD OF CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD MS 4 LOS ANGELES, CA 90027 95-6118986	FUNDRAISING	CA	501(C)(3)	11	N/A		No
(1) ANTELOPE VALLEY GUILD OF CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD MS 4 LOS ANGELES, CA 90027 95-6118987	FUNDRAISING	CA	501(C)(3)	11	N/A		No
(2) BEL AIR GUILD OF CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD MS 4 LOS ANGELES, CA 90027 95-6118835	FUNDRAISING	CA	501(C)(3)	11	N/A		No
(3) CENTENNIAL GUILD OF CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD MS 4 LOS ANGELES, CA 90027 14-1878642	FUNDRAISING	CA	501(C)(3)	11	N/A		No
(4) CHILDREN'S CHAIN GUILD OF CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD MS 4 LOS ANGELES, CA 90027 95-4559789	FUNDRAISING	CA	501(C)(3)	11	N/A		No
(5) DELLA ROBBIA GUILD OF CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD MS 4 LOS ANGELES, CA 90027 95-6118990	FUNDRAISING	CA	501(C)(3)	11	N/A		No
(6) DELTA DELTA DELTA FOR CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD MS 4 LOS ANGELES, CA 90027 23-7294093	FUNDRAISING	CA	501(C)(3)	11	N/A		No
(7) EL SEGUNDO AUXILIARY GUILD OF CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD MS 4 LOS ANGELES, CA 90027 95-6118991	FUNDRAISING	CA	501(C)(3)	11	N/A		No
(8) FLINTRIDGE GUILD OF CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD MS 4 LOS ANGELES, CA 90027 95-6118993	FUNDRAISING	CA	501(C)(3)	11	N/A		No
(9) FOCUS 4650 SUNSET BLVD MS 4 LOS ANGELES, CA 90027 80-0290181	FUNDRAISING	CA	501(C)(3)	11	N/A		No
(10) FRIENDS OF CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD MS 4 LOS ANGELES, CA 90027 14-1878647	FUNDRAISING	CA	501(C)(3)	11	N/A		No
(11) GLENDALE AUXILIARY OF CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD MS 4 LOS ANGELES, CA 90027 95-6118994	FUNDRAISING	CA	501(C)(3)	11	N/A		No
(12) GREEN HOUSE 4650 SUNSET BLVD MS 4 LOS ANGELES, CA 90027 23-7215226	FUNDRAISING	CA	501(C)(3)	11	N/A		No
(13) HEALING ARTS REACHING KIDS (HARK) 4650 SUNSET BLVD MS 4 LOS ANGELES, CA 90027 20-4459362	FUNDRAISING	CA	501(C)(3)	11	N/A		No
(14) LA PROVIDENCIA GUILD OF CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD MS 4 LOS ANGELES, CA 90027 95-6128178	FUNDRAISING	CA	501(C)(3)	11	N/A		No
(15) LAS HERMANAS GUILD OF CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD MS 4 LOS ANGELES, CA 90027 95-6128176	FUNDRAISING	CA	501(C)(3)	11	N/A		No
(16) LAS MADRINAS INC 4650 SUNSET BLVD MS 4 LOS ANGELES, CA 90027 95-1959907	FUNDRAISING	CA	501(C)(3)	11	N/A		No
(17) LAS PRIMERAS GUILD OF CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD MS 4 LOS ANGELES, CA 90027 95-6121928	FUNDRAISING	CA	501(C)(3)	11	N/A		No
(18) MARY DUQUE OF CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD MS 4 LOS ANGELES, CA 90027 95-6121921	FUNDRAISING	CA	501(C)(3)	11	N/A		No
(19) MARY DUQUE JUNIORS OF CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD MS 4 LOS ANGELES, CA 90027 95-3786303	FUNDRAISING	CA	501(C)(3)	11	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(21) MEN'S GUILD OF CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD MS 4 LOS ANGELES, CA 90027 26-0109744	FUNDRAISING	CA	501(C)(3)	11	N/A		No
(1) MONROVIA GUILD OF CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD MS 4 LOS ANGELES, CA 90027 95-6121929	FUNDRAISING	CA	501(C)(3)	11	N/A		No
(2) NORTHRIDGE GUILD OF CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD MS 4 LOS ANGELES, CA 90027 95-6121930	FUNDRAISING	CA	501(C)(3)	11	N/A		No
(3) PASADENA GUILD OF CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD MS 4 LOS ANGELES, CA 90027 95-6121932	FUNDRAISING	CA	501(C)(3)	11	N/A		No
(4) PENINSULA COMMITTEE 4650 SUNSET BLVD MS 4 LOS ANGELES, CA 90027 23-7091175	FUNDRAISING	CA	501(C)(3)	11	N/A		No
(5) PROJECT CHLA 4650 SUNSET BLVD MS 4 LOS ANGELES, CA 90027 95-4524737	FUNDRAISING	CA	501(C)(3)	11	N/A		No
(6) SAN ANTONIO GUILD OF CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD MS 4 LOS ANGELES, CA 90027 95-6121934	FUNDRAISING	CA	501(C)(3)	11	N/A		No
(7) SANTA MONICA BAY AUXILIARY OF CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD MS 4 LOS ANGELES, CA 90027 23-7293607	FUNDRAISING	CA	501(C)(3)	11	N/A		No
(8) SIERRA GUILD OF CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD MS 4 LOS ANGELES, CA 90027 95-6121935	FUNDRAISING	CA	501(C)(3)	11	N/A		No
(9) SOUTH BAY AUXILIARY OF CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD MS 4 LOS ANGELES, CA 90027 95-6118996	FUNDRAISING	CA	501(C)(3)	11	N/A		No
(10) SPIRITUAL CARE OF CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD MS 4 LOS ANGELES, CA 90027 20-0872821	FUNDRAISING	CA	501(C)(3)	11	N/A		No
(11) THIS LITTLE LIGHT OF CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD MS 4 LOS ANGELES, CA 90027 95-4445549	FUNDRAISING	CA	501(C)(3)	11	N/A		No
(12) TOLUCA GUILD OF CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD MS 4 LOS ANGELES, CA 90027 95-6098666	FUNDRAISING	CA	501(C)(3)	11	N/A		No
(13) WESTSIDE GUILD OF CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD MS 4 LOS ANGELES, CA 90027 95-6059321	FUNDRAISING	CA	501(C)(3)	11	N/A		No
(14) WHITTIER GUILD OF CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD MS 4 LOS ANGELES, CA 90027 95-6121939	FUNDRAISING	CA	501(C)(3)	11	N/A		No
(15) BRIGHTEYES 4650 SUNSET BLVD MS 4 LOS ANGELES, CA 90027 46-1214808	FUNDRAISING	CA	501(C)(3)	11	N/A		No
(16) TEEN IMPACT AFFILIATES 4650 SUNSET BLVD MS 4 LOS ANGELES, CA 90027 45-4799602	FUNDRAISING	CA	501(C)(3)	11	N/A		No
(17) YOUNG PROFESSIONALS COUNCIL 4650 SUNSET BLVD MS 4 LOS ANGELES, CA 90027 46-1301196	FUNDRAISING	CA	501(C)(3)	11	N/A		No