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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

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

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

C Name of organization
RADY CHILDREN'S HOSPITAL - SAN DIEGO
% NISHANTHA RATNAYAKE
Doing business as

Number and street (or P O box if mail is not delivered to street address) 3020 Childrens Way MC 5001
Room/suite

City or town, state or province, country, and ZIP or foreign postal code
San Diego, CA 921234282

D Employer identification number
95-1691313

E Telephone number
(858) 576-1700

G Gross receipts $ 1,540,318,118

F Name and address of principal officer
Donald B Kearns MD MMM
3020 Childrens WayMC 5001
San Diego, CA 921234282

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 rchsd org

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

L Year of formation 1954

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE HOSPITAL PROVIDES COMPREHENSIVE PEDIATRIC MEDICAL SERVICES IN SAN DIEGO, SOUTHERN RIVERSIDE, AND IMPERIAL COUNTIES

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	22
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	5,348
6	Total number of volunteers (estimate if necessary)	**6**	525
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	7,677,740
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-3,500

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	155,882,724	124,888,575
9	Program service revenue (Part VIII, line 2g)	859,164,424	908,599,045
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	35,132,979	50,461,728
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,845,379	15,270,506
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,065,025,506	1,099,219,854
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,690,557	12,103,022
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)	387,789,423	425,131,511
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶75,684		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	552,242,828	567,509,309
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	941,722,808	1,004,743,842
19	Revenue less expenses Subtract line 18 from line 12	123,302,698	94,476,012

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,659,206,280	1,806,577,989
21	Total liabilities (Part X, line 26)	740,625,137	685,349,261
22	Net assets or fund balances Subtract line 21 from line 20	918,581,143	1,121,228,728

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

****** 2018-05-14
Signature of officer Date

KATHLEEN CAIN 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
Valerie J Ball	Valerie J Ball	2018-05-14		P00178114

Firm's name ▶ KPMG LLP
Firm's EIN ▶
Firm's address ▶ 3975 Freedom Circle Dr Suite 100 Santa Clara, CA 95054
Phone no (408) 367-5764

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2016)

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

TO RESTORE, SUSTAIN AND ENHANCE THE HEALTH AND DEVELOPMENTAL POTENTIAL OF CHILDREN THROUGH EXCELLENCE IN CARE, EDUCATION, RESEARCH AND ADVOCACY

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 $ 800,169,164 including grants of $ 12,103,022) (Revenue $ 908,599,045)

See Additional Data

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 800,169,164

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	Yes	
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		No
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	Yes	
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	Yes	
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	Yes	
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		No
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		No
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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	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	
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**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 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**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
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**		No
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**		No
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**		
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**	672		
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**	5,348		
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**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
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 23		
	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 22		
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
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	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
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	Yes	
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	Yes	
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		No

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 ▶NISHANTHA RATNAYAKE 3020 CHILDRENS WAY MC 5001 San Diego, CA 921234282 (858) 576-1700

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			
See Additional Data Table										

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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								10,028,312	510,688	1,289,974

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 ▶ 868

			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**		No

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
Children's Specialists of San Diego, 3020 Childrens Way Mc 5001 SAN DIEGO, CA 92123	Medical Services	119,165,602
McKesson Corporation, One Post St SAN FRANCISCO, CA 94104	Medical Supplies	41,517,440
Children's Physicians Medical Group, 5855 Copley Dr Ste 100 SAN DIEGO, CA 92111	Medical Services	33,228,313
Human Capital Select LLC, 2680 S Val Vista Dr Ste 161 GILBERT, AZ 85295	Agency Labor	27,734,979
The Regents of the Univ of CA SAN, 9500 Gilman Dr LA JOLLA, CA 92093	Medical Services	17,429,158

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 ▶ 375

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			
	d Related organizations	1d	15,610,634		
	e Government grants (contributions)	1e	102,340,440		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,937,501		
	g Noncash contributions included in lines 1a-1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶		124,888,575		
Program Service Revenue		Business Code			
	2a NET PATIENT REVENUE	621400	724,927,486	724,927,486	
	b CAPITATED CONTRACT REVENUE	623000	156,461,322	156,461,322	
	c OUTPATIENT PHARMACEUTICAL	611710	8,094,394	8,094,394	
	d MEDICAL OFFICE BUILDING	611710	5,568,372	5,568,372	
	e MEDICAL SERVICES REIMBURSEMENT	611710	4,901,560	4,901,560	
	f All other program service revenue		8,645,911	8,645,911	
	g Total. Add lines 2a–2f . . . . ▶		908,599,045		
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		10,264,623		10,264,623
	4 Income from investment of tax-exempt bond proceeds ▶		0		
	5 Royalties . . . . . ▶		0		
		(i) Real	(ii) Personal		
	6a Gross rents	868,842			
	b Less rental expenses				
	c Rental income or (loss)	868,842	0		
	d Net rental income or (loss) . . . . . ▶		868,842		868,842
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	481,295,369			
	b Less cost or other basis and sales expenses	441,098,264			
	c Gain or (loss)	40,197,105			
	d Net gain or (loss) . . . . . ▶		40,197,105		40,197,105
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . **a**	0			
	b Less direct expenses . . . **b**	0			
	c Net income or (loss) from fundraising events . . ▶		0		
	9a Gross income from gaming activities See Part IV, line 19 . . . **a**	0			
	b Less direct expenses . . . **b**	0			
	c Net income or (loss) from gaming activities . . ▶		0		
	10a Gross sales of inventory, less returns and allowances . . **a**	0			
	b Less cost of goods sold . . **b**	0			
	c Net income or (loss) from sales of inventory . . ▶		0		
	Miscellaneous Revenue	Business Code			
	11a TPA SERVICES	900099	6,778,292	6,778,292	
	b FOOD SERVICE REVENUE	721000	2,140,903		2,140,903
	c PARKING	812930	1,786,404		1,786,404
	d All other revenue		3,696,065	899,448	2,796,617
	e Total. Add lines 11a–11d . . . . . ▶		14,401,664		
	12 Total revenue. See Instructions . . . . . ▶		1,099,219,854	908,599,045	7,677,740	58,054,494

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	11,993,022	11,993,022		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	110,000	110,000		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	8,033,171	2,066,169	5,891,318	75,684
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	326,937,759	240,256,751	86,681,008	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	31,623,752	22,930,595	8,693,157	
9 Other employee benefits	33,336,534	24,172,545	9,163,989	
10 Payroll taxes	25,200,295	18,272,903	6,927,392	
11 Fees for services (non-employees)				
a Management	7,292,889	1,757,608	5,535,281	
b Legal	958,786	19,465	939,321	
c Accounting	246,330		246,330	
d Lobbying	209,441		209,441	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	1,084,570		1,084,570	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	321,054,684	289,324,944	31,729,740	
12 Advertising and promotion	1,908,375	772,464	1,135,911	
13 Office expenses	3,473,531	1,368,182	2,105,349	
14 Information technology	11,363,419	1,149,868	10,213,551	
15 Royalties . .	0			
16 Occupancy	13,891,919	11,113,535	2,778,384	
17 Travel	1,258,204	789,532	468,672	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	457,160	327,388	129,772	
20 Interest	15,668,135	12,534,508	3,133,627	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization . .	39,260,992	25,519,645	13,741,347	
23 Insurance . . .	7,786,801	35,030	7,751,771	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	101,674,043	101,461,519	212,524	
b TAXES, FEES, & LICENSES	17,931,631	16,805,983	1,125,648	
c REPAIRS AND MAINTENANCE	5,030,025	1,185,477	3,844,548	
d FOOD SUPPLIES	2,208,064	1,656,048	552,016	
e All other expenses	14,750,310	14,545,983	204,327	
25 **Total functional expenses.** Add lines 1 through 24e	1,004,743,842	800,169,164	204,498,994	75,684
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 IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	6,327,926	1	15,950,670
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	174,890,041	4	186,279,146
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	31,791
	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	0	6	0
	7	Notes and loans receivable, net	493,499	7	588,117
	8	Inventories for sale or use	8,456,571	8	8,604,619
	9	Prepaid expenses and deferred charges	6,344,561	9	9,113,000
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 880,010,418			
	b	Less accumulated depreciation — 10b: 403,891,281	469,295,843	10c	476,119,137
	11	Investments—publicly traded securities	848,250,821	11	757,641,924
	12	Investments—other securities See Part IV, line 11	59,544,211	12	293,484,262
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	1,132,999	14	1,028,000
	15	Other assets See Part IV, line 11	84,469,808	15	57,737,323
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,659,206,280	16	1,806,577,989
Liabilities	17	Accounts payable and accrued expenses	139,353,946	17	133,083,229
	18	Grants payable	0	18	0
	19	Deferred revenue	1,963,033	19	9,606,919
	20	Tax-exempt bond liabilities	384,340,371	20	380,353,751
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	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	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	4,134,299	23	3,586,072
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	210,833,488	25	158,719,290
	26	**Total liabilities.** Add lines 17 through 25	740,625,137	26	685,349,261
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	855,068,624	27	1,047,488,367
	28	Temporarily restricted net assets	44,788,350	28	54,265,338
	29	Permanently restricted net assets	18,724,169	29	19,475,023
		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	918,581,143	33	1,121,228,728
	34	Total liabilities and net assets/fund balances	1,659,206,280	34	1,806,577,989

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	1,099,219,854
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,004,743,842
3	Revenue less expenses Subtract line 2 from line 1	3	94,476,012
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	918,581,143
5	Net unrealized gains (losses) on investments	5	52,574,700
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	55,596,873
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,121,228,728

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: 95-1691313

Name: RADY CHILDREN'S HOSPITAL - SAN DIEGO

Form 990 (2016)

Form 990, Part III, Line 4a:

Rady Children's Hospital San Diego (the Hospital) is a regional tertiary and quaternary referral center and provides comprehensive inpatient and outpatient acute, psychiatric and intensive care pediatric services The Hospital also is the sole pediatric provider and designated pediatric trauma center for San Diego County and is the primary source of pediatric and neonatal intensive care services for both San Diego and Imperial Counties On its main campus the Hospital operates the only Level 4 full scope neonatal intensive care unit in San Diego, Riverside and Imperial counties In addition, the Hospital operates an 11-bed level 2 neonatal intensive care unit at Southwest Healthcare System in Rancho Springs, an 8-bed level 2 neonatal intensive care unit for Scripps Memorial Hospital in Encinitas, a 12-bed level 2 neonatal intensive care unit for Scripps Memorial Hospital in La Jolla, a 4-bed level 3 neonatal intensive care unit for Palomar Pomerado Hospital, two level 2 neonatal intensive care units for Scripps Mercy Hospital located in San Diego and Chula Vista, and an 11-bed pediatric medical unit for Sharp Health located at its Sharp Grossmont Campus The Hospital is amalgamated with the University of California, San Diego, Health Sciences, and serves as a center for graduate and post-graduate education in the field of pediatrics Annually, the Hospital has approximately 20,000 inpatient admissions and approximately 390,000 visits per year in its outpatient departments Additionally, the emergency department and urgent care centers provide approximately 92,000 and 56,000 visits, respectively, per year

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			
David F Hale Board Member	20 60	X						0	0	0
Theodore D Roth Chair (up to 12/2016)	40 90	X		X				0	0	0
Lisa A Barkett Board Member	20 20	X						0	0	0
Andrew S Clark Board Member	20 20	X						0	0	0
John M Gilchrist Jr Board Member	20 25	X						0	0	0
S Douglas Hutcheson Vice Chair	40 70	X		X				0	0	0
Jeffrey A Jacobs Board Member	20 20	X						0	0	0
Catherine J Mackey PhD Board Member	20 40	X						0	0	0
G Diego Miralles MD Board Member	20 45	X						0	0	0
Tina S Nova PhD Board Member	20 60	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			
Michael P Peckham Chair (from 1/2016)	40 90	X		X				0	0	0
Mark A Snell Board Member (thru 3/2017)	20 20	X						0	0	0
Scott N Wolfe Esq Board Member	20 25	X						0	0	0
Henry L Nordhoff Board Member	20 40	X						0	0	0
David A Brenner MD Board Member	20 40	X						0	0	0
Pradeep Khosla PhD Board Member	20 20	X						0	0	0
Harry M Rady Board Member	20 40	X						0	0	0
John D Stobo MD Board Member	20 20	X						0	0	0
Paul J Hering Board Member	20 80	X						0	0	0
Martin Brotman MD Board Member	20 20	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			
Michael J Farrell Board Member	2 0 2 0	X						0	0	0
Maria Assaraf Board Member	2 0 6 0	X						0	0	0
Daniela S Carvalho MD Board Member	2 0 2 0	X						0	0	0
Andrew Zimmerman MD Board Member	2 0 2 5	X						56,650	0	0
Donald B Kearns MD MMM President & CEO	33 5 16 5			X				1,210,427	0	111,576
Margareta E Norton Secretary, SVP, CAO	39 5 10 5			X				871,850	0	123,991
Nicholas Holmes MD SVP, COO	48 0 2 0			X				635,935	0	43,777
Kathleen M Cain treasurer, svp, cfo	37 5 12 5			X				483,059	0	24,903
Gail R Knight MD SVP, CMO	49 5 0 5			X				430,110	0	15,788
Belinda Santos-Ramirez Assistant Secretary	43 5 6 5			X				117,145	0	31,694

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			
Stephen Jennings Sr VP, Exec Dir Foundation	0 0 50 0			X				0	510,688	61,306
Nishantha Ratnayake VP, Finance & Controller	30 0 20 0				X			311,731	0	18,477
Irvin A Kaufman MD Chief, Health Affairs	48 0 2 0				X			517,580	0	1,596
Albert Oriol VP, Info mgmt, CIO	48 0 2 0				X			483,902	0	62,631
Angela M Vieira General Counsel	46 0 4 0				X			465,068	0	76,238
Scott D Campbell VP, CFO & Admin Off, MPF	50 0 0 0				X			401,787	0	70,413
Mary J Fagan VP, Patient Care Services/CNO	50 0 0 0				X			372,049	0	165,929
Barbara L Ryan VP, Government Affairs	50 0 0 0				X			385,532	0	-57,333
Charles Wilson SR Dir, Chadwick Center	50 0 0 0				X			326,871	0	71,347
Chris Abe Sr Dir Ancillary/Supp SVCS	50 0 0 0				X			289,126	0	126,494

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			
Charles B Davis vp, coo mpf	50 0 0 0				X			505,777	0	39,230
Joseph Ambrose Sr Dir, CTO	50 0 0 0				X			267,834	0	28,358
Cathy Nugent VP, Human Resources	50 0 0 0				X			217,944	0	99,208
Joshua Kohrumel Chief Data Officer	50 0 0 0				X			209,701	0	15,654
Glenn F Billman CHIEF QUALITY OFFICER	50 0 0 0					X		345,420	0	79,868
Michael Hester SR Director Revenue Cycle	50 0 0 0					X		242,596	0	15,942
Kristin Gist Sr Dir Developmental Svcs	50 0 0 0					X		228,127	0	-29,675
Teresita Penzalann Diaz Clinical Nurse	50 0 0 0					X		241,297	0	70,202
John Allardyce Chief of Perfusion Services	50 0 0 0					X		227,659	0	22,360
Blair Sadler Former President and CEO	0 0 0 0						X	183,135	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

2016

Open to Public Inspection

Name of the organization
RADY CHILDREN'S HOSPITAL - SAN DIEGO

Employer identification number
95-1691313

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

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

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? 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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	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 I of Schedule L (Form 990 or 990-EZ)*	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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described 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		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described 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)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 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-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134109118

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

2016

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
RADY CHILDREN'S HOSPITAL - SAN DIEGO	95-1691313

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-
2				
3				
4				
5				
6				

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

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

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

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

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)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) 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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		209,441
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			209,441
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1G	Paid outside consultants to increase and obtain funding for building development projects and to influence federal, state and local legislation as it affects Rady Children's Hospital's healthcare reimbursement and regulations

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
RADY CHILDREN'S HOSPITAL - SAN DIEGO

Employer identification number
95-1691313

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

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

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

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

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

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 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, handling of violations, and enforcing conservation easements during the year ▶ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	93,441,640	77,890,677	76,459,422	66,856,590	48,036,828
b Contributions	2,751,574	19,892,990	3,208,716	3,840,383	15,277,049
c Net investment earnings, gains, and losses	9,143,887	-1,413,872	1,216,883	8,518,179	5,535,659
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	3,522,210	2,851,124	2,924,611	2,621,634	1,920,393
f Administrative expenses	102,129	77,031	69,733	134,096	72,554
g End of year balance	101,712,762	93,441,640	77,890,677	76,459,422	66,856,589

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

- a Board designated or quasi-endowment ▶ 65 020 %
- b Permanent endowment ▶ 30 710 %
- c Temporarily restricted endowment ▶ 4 270 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land		19,590,822		19,590,822
b Buildings		602,929,887	243,085,980	359,843,907
c Leasehold improvements		7,766,471	4,860,166	2,906,305
d Equipment		208,986,090	152,470,598	56,515,492
e Other		40,737,148	3,474,537	37,262,611
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				476,119,137

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
See Additional Data Table		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	293,484,262	

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

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
PAYABLE TO BENEFICIARIES	232,512
INTEREST RATE SWAPS	66,798,692
DEFERRED COMPENSATION	15,915
MALPRACTICE IBNR	4,023,917
BENEFITS PAYABLE	15,714,252
SANFORD INVSTMNT OCEANSIDE BUI	2,948,673
SECURITY DEPOSITS	121,685
PENSION LIABILTY	67,928,776
CONTRACTOR RETAINAGE	934,868
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	158,719,290

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 95-1691313
Name: RADY CHILDREN'S HOSPITAL - SAN DIEGO

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or cateory (including name of security)	**(b)**Book value	**(c)** Method of valuation Cost or end-of-year market value
(3) Other (A) EMPYREAN CAPITAL OFFSHORE FUND	42,356,624	F
(3) Other (A) DW CATALYST FUND	19,994,845	F
(B) OCH-ZIFF CREDIT OPPORTUNITIES	23,062,319	F
(C) 36 SOUTH	23,301,707	F
(D) TSE CAPITAL	25,490,516	F
(E) HIGHLINE SELECT	25,377,799	F
(F) MARSHALL WACE EUREKA	25,904,659	F
(G) TAMARACK GLOBAL HEALTHCARE FND	28,430,244	F
(H) AMERICAN SECURITIES PTRS V, LP	3,495,979	F
(I) STEPSTONE SECONDARY OPS FUND	4,399,930	F

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or cateory (including name of security)	**(b)**Book value	**(c)** Method of valuation Cost or end-of-year market value
(K) GOLDMAN SACHS VINTAGE FUND IV	1,639,106	F
(3) Other (A) TRG GROWTH PARTNERSHIP	2,779,605	F
(B) CVC CREDIT PTRS GLOBAL SPEC	2,939,665	F
(C) GOLDMAN SACHS CAPITAL PTRS VI	1,873,594	F
(D) FORTISSIMO CAPITAL FUND IV	1,038,891	F
(E) YORKTOWN ENERGY PARTNERS IX	1,698,985	F
(F) AMERICAN SECURITIES PTRS VI	4,943,507	F
(G) AMERICAN SECURITIES PTRS VII	2,381,161	F
(H) MILLENIUM TECH VALUE PTRS II	2,057,146	F
(I) STEPSTONE SECONDARY OPS FND II	3,714,591	F

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(U) AMERICAN INDUSTRIAL PTRS CAP V	4,690,099	F
(3)Other (A) PATRIA BRAZILIAN PVT EQ FND IV	2,294,972	F
(B) WHITE DEER ENERGY II	4,211,239	F
(C) NY LIFE INSURANCE	37,772	F
(D) OAKTREE EUROPEAN PRINCIPAL III	3,928,332	F
(E) PATRIA BRAZILIAN PVT EQ FND V	444,922	F
(F) VISTA EQUITY PARTNERS V	4,699,057	F
(G) TPG PARTNERS VII	3,909,570	F
(H) AMERICAN INDUSTRIAL PTRS CAPVI	1,853,831	F
(I) ADVENT INTL GPE VIII-C	1,116,619	F

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(AE) U S FARMING	5,048,157	F
(3)Other (A) ACTIS ENERGY 3	3,647,099	F
(B) RIVERSTONE GLBL ENERGY/PWR VI	2,685,143	F
(C) ISQ GLOBAL FUND	5,050,661	F
(D) ENCAP ENERGY	1,406,872	F
(E) GLOBAL INFRASTRUCTURE PTRS III	1,579,044	F

Form 990, Schedule D, Part X, - Other Liabilities

1 **(a)** Description of Liability	**(b)** Book Value
PAYABLE TO BENEFICIARIES	232,512
INTEREST RATE SWAPS	66,798,692
DEFERRED COMPENSATION	15,915
MALPRACTICE IBNR	4,023,917
BENEFITS PAYABLE	15,714,252
SANFORD INVSTMNT OCEANSIDE BUI	2,948,673
SECURITY DEPOSITS	121,685
PENSION LIABILTY	67,928,776
CONTRACTOR RETAINAGE	934,868

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4	Rady Children's board designated endowment funds support the highest and most urgent needs of the organization as determined by ItS Board of Trustees In addition, donor designated (or restricted) endowment funds support a wide range of Initiatives Identified by the don or

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2	RCHHC recognizes and measures the tax benefit from uncertain tax positions only if it is m ore likely than not that the tax position will be sustained, based solely on its technical merits, with the taxing authority having full knowledge of all relevant information RCHH C records liabilities for unrecognized tax benefits from uncertain tax positions as discre te tax adjustments in the first period that the more likely than not threshold is not met RCHHC has not taken any significant uncertain tax positions therefore no liability (or as set) has been recognized as of June 30, 2017

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
RADY CHILDREN'S HOSPITAL - SAN DIEGO

Employer identification number
95-1691313

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in region	**(d)** Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total					183,878,608
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					183,878,608

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			North America	Grant to Hospital	110,000	check			
(2)									
(3)									
(4)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 1

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)*	☐ Yes	☑ No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3, COLUMN F	THE ORGANIZATION IS REPORTING THE AMOUNT OF INVESTMENTS ON PART I, LINE 3, COLUMN F THE ORGANIZATION USES THE ACCRUAL METHOD OF ACCOUNTING FOR ALL AMOUNTS REPORTED

Additional Data

Software ID:

Software Version:

EIN: 95-1691313

Name: RADY CHILDREN'S HOSPITAL - SAN DIEGO

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		159,218,766
Europe (Including Iceland and Greenland)			Investments		24,549,842
North America			Grantmaking		110,000

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
RADY CHILDREN'S HOSPITAL - SAN DIEGO

Employer identification number
95-1691313

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 250 %			
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 450 %			
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)			2,561,277	486,856	2,074,421	0 210 %
b Medicaid (from Worksheet 3, column a)			371,938,793	341,612,281	30,326,512	3 020 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			2,677,612	9,487	2,668,125	0 260 %
d **Total** Financial Assistance and Means-Tested Government Programs			377,177,682	342,108,624	35,069,058	3 490 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			34,332,002	20,632,950	13,699,052	1 360 %
f Health professions education (from Worksheet 5)			16,421,297	6,205,697	10,215,600	1 020 %
g Subsidized health services (from Worksheet 6)			31,987,343	13,878,218	18,109,125	1 800 %
h Research (from Worksheet 7)			3,177,838	2,221,166	956,672	0 100 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			57,191	39,172	18,019	
j **Total.** Other Benefits			85,975,671	42,977,203	42,998,468	4 280 %
k **Total.** Add lines 7d and 7j			463,153,353	385,085,827	78,067,526	7 770 %

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						
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						
8 Workforce development			676,210	471,536	204,674	0 020 %
9 Other						
10 Total			676,210	471,536	204,674	0 020 %

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			No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	12,524,471		
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	3,628,339		
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	1,603,803
6	Enter Medicare allowable costs of care relating to payments on line 5	6	3,446,354
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-1,842,551
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)	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 Rady Children's Hospital San Diego

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 ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 15			
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	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**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) See Part V Section C			
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 20 15			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
If "Yes" (list url) SEE PART V SECTION C **a**			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Rady Children's Hospital San Diego

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	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 250 % and FPG family income limit for eligibility for discounted care of 450 %			
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	Was widely publicized 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) See Part V, Section C			
b	☑ The FAP application form was widely available on a website (list url) See Part V, Section C			
c	☑ A plain language summary of the FAP was widely available on a website (list url) See Part V, Section C			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Rady Children's Hospital San Diego

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon 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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		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 ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
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)			

Part V Facility Information *(continued)*

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

Rady Children's Hospital San Diego

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☑	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

Part V **Facility Information** *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? **22**

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7	THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN ITEM 7 FOR CERTAIN CATEGORIES, PRIMARILY CHARITY CARE AND MEANS-TESTED GOVERNMENT PROGRAMS, THE COST TO CHARGE RATIO WAS CALCULATED USING WORKSHEET 2, RATIO OF PATIENT CARE COST TO CHARGES AND APPLIED TO THOSE CATEGORIES IN OTHER CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM THE HOSPITAL'S DETAILED FINANCIAL INFORMATION
Scheudle H, Part II, Community Building Activities	RADY CHILDREN'S CENTER FOR HEALTHIER COMMUNITIES PROVIDES THE FACES FOR THE FUTURE PROGRAM AT A LOCAL HIGH SCHOOL THE FACES PROGRAM IS A YOUTH AND FUTURE HEALTHCARE WORKFORCE DEVELOPMENT PROGRAM THAT PREPARES UNDERREPRESENTED, ETHNICALLY DIVERSE YOUTH FOR CAREERS IN ALL AREAS OF THE HEALTH PROFESSIONS THE PROGRAM ALSO AIMS TO ASSIST LOCAL PUBLIC SCHOOLS IN MOTIVATING AND PREPARING UNDERREPRESENTED HIGH SCHOOL STUDENTS FOR ENTRY INTO COLLEGE, HEALTHCARE/RESEARCH CAREERS AND OTHER VIABLE EMPLOYMENT OPPORTUNITIES IN THE HEALTHCARE INDUSTRY THE PARTICIPATING STUDENTS ROTATE THROUGH CLINICAL DEPARTMENTS AT RADY CHILDREN'S HOSPITAL -SAN DIEGO AND RECEIVE MENTORSHIP

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 2	FOR UNINSURED PATIENTS THAT DO NOT QUALIFY FOR CHARITY CARE, RCHSD RECOGNIZES REVENUE ON THE BASIS OF ITS STANDARD RATES FOR SERVICES PROVIDED, OR ON THE BASIS OF DISCOUNTED RATES IF NEGOTIATED OR PROVIDED BY POLICY ON THE BASIS OF HISTORICAL EXPERIENCE, A SIGNIFICANT PORTION OF RCHSD'S UNINSURED PATIENTS ARE UNABLE OR UNWILLING TO PAY FOR THE SERVICES PROVIDED THUS, RCHSD RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS RELATED TO UNINSURED PATIENTS IN THE PERIOD SERVICES ARE PROVIDED RCHSD RECORDS ITS PROVISION FOR BAD DEBTS BASED UPON THE HISTORICAL EXPERIENCE, AS WELL AS COLLECTION TRENDS FOR MAJOR PAYOR TYPES
SCHEDULE H, PART III, LINE 3	RCHSD DOES NOT TREAT ANY PART OF THE BAD DEBT AS COMMUNITY BENEFIT EXPENSE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEUDLE H, PART III, LINE 4	SEE PAGE 14 AND 15 OF THE AUDITED FINANCIAL STATEMENTS
SCHEDULE H, PART III, LINE 8	THE MEDICARE ALLOWABLE COSTS REPORTED IN THE ORGANIZATION'S MEDICARE COST REPORT AS REFLECTED IN THE AMOUNT REPORTED IN PART III, LINE 6 ARE DETERMINED USING A PRO FORMA COST REPORT AS DESCRIBED IN PART I, LINE 7 ABOVE THE ORGANIZATION BELIEVES THAT THE TEFRA COST LIMITATION SHOULD BE INCLUDED AS A COMMUNITY BENEFIT, BASED ON THE INPATIENT COST OVER THE TEFRA LIMITS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 9B	IN ITS BILLING AND COLLECTION ACTIVITY, RADY CHILDREN'S HOSPITAL - SAN DIEGO TREATS ALL PATIENTS AND PATIENT FAMILIES OR REPRESENTATIVES WITH FAIRNESS, DIGNITY AND RESPECT RCHSD DOES NOT UTILIZE WAGE GARNISHMENTS, LIENS ON A PATIENT'S PRIMARY RESIDENCE, OR Writ of BODY ATTACHMENTS IN ITS COLLECTION ACTIVITIES RCHSD ONLY UTILIZES THOSE OUTSIDE OR THIRD PARTY COLLECTION AGENCIES THAT AGREE TO COMPLY WITH APPLICABLE STATE AND FEDERAL LAWS AND WITH RCHSD POLICIES, AND RCHSD DEBT COLLECTION STANDARDS AND PRACTICES IN DETERMINING THE DEBT THAT RCHSD SEEKS TO RECOVER, RCHSD WILL CONSIDER ONLY THE INCOME AND CERTAIN MONETARY ASSETS OF THE PATIENT/GUARANTOR ELIGIBLE FOR THE RCHSD FINANCIAL ASSISTANCE PROGRAM IN MAKING THIS DETERMINATION, RCHSD WILL NOT CONSIDER RETIREMENT OR DEFERRED COMPENSATION PLANS (EITHER QUALIFIED OR NON-QUALIFIED UNDER THE INTERNAL REVENUE CODE), THE FIRST $10,000 OR THE REMAINING 50 PERCENT OF THE PATIENT/GUARANTOR'S MONETARY ASSETS RCHSD SHALL NOT SEND AN ACCOUNT TO A COLLECTION AGENCY IF THE PATIENT HAS A PENDING APPLICATION FOR THE RCHSD FINANCIAL ASSISTANCE PROGRAM OR GOVERNMENT-SPONSORED INSURANCE PROGRAM OR IS ATTEMPTING IN GOOD FAITH TO SETTLE AN OUTSTANDING BILL BY NEGOTIATING AN INTEREST FREE, EXTENDED PAYMENT PLAN OR BY MAKING REGULAR PARTIAL PAYMENTS OF A REASONABLE AMOUNT A "PENDING APPLICATION" IS DEFINED AS AN APPLICATION THAT HAS BEEN FULLY COMPLETED AND INCLUDES COPIES OF THE REQUIRED DOCUMENTATION BY THE PATIENT/GUARANTOR, SUBMITTED TO THE RELEVANT PUBLIC AGENCY IN THE CASE OF GOVERNMENT PROGRAMS AND TO RCHSD IN THE CASE OF THE RCHSD FINANCIAL ASSISTANCE PROGRAM IF A PATIENT ACCOUNT IS SENT TO COLLECTIONS AND IT IS DETERMINED THAT THE PATIENT IS ELIGIBLE FOR FINANCIAL ASSISTANCE, THE PATIENT ACCOUNT IS REMOVED FROM THE COLLECTION PROCESS AND THE FINANCIAL ASSISTANCE APPLICATION PROCESS IS IMPLEMENTED
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESMENT Continuing a longstanding commitment to address community health needs in San Diego, Rady Childrens and six other healthcare systems reconvened in 2015-2016 through the Hospital Association of San Diego and Imperial Counties (HASD&IC), with the Institute of Public Health, to complete a 2016 triennial Community Health Needs Assessment (CHNA) The CHNA identifies and prioritizes the most critical health-related needs of San Diego County and includes feedback from community residents in vulnerable neighborhoods

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE RCHSD PROVIDES WRITTEN INFORMATION ABOUT THE AVAILABILITY OF THE RCHSD FINANCIAL ASSISTANCE PROGRAM, INCLUDING A BROCHURE THAT IS DISSEMINATED THROUGHOUT OUR PATIENT CLINICS THIS INFORMATION IS PROVIDED AT PATIENT REGISTRATION, INCLUDING PATIENT INFORMATIONAL MATERIALS, EMERGENCY DEPARTMENT, OUTPATIENT CLINICS, AND PATIENT FINANCIAL SERVICES IN ADDITION, A STATEMENT REGARDING THE FINANCIAL ASSISTANCE PROGRAM IS INCLUDED ON PATIENT BILLING STATEMENTS WRITTEN NOTICE IS PROVIDED TO POTENTIALLY ELIGIBLE PATIENTS DURING THE REGISTRATION PROCESS OR AS SOON AS POSSIBLE THEREAFTER AND DURING THE BILLING PROCESS THIS INFORMATION IS PROVIDED IN ENGLISH AND SPANISH AND IS TRANSLATED FOR PATIENTS/GUARANTORS WHO SPEAK OTHER LANGUAGES NOTIFICATION OF FINANCIAL ASSISTANCE DISCUSSES, AT A MINIMUM, THE FOLLOWING - IF A PATIENT MEETS CERTAIN INCOME REQUIREMENTS, THE PATIENT may be eligible for a government-sponsored health insurance program or the RCHSD financial assistance program IDENTIFICATION OF RCHSD FINANCIAL COUNSELING - PATIENT FINANCIAL SERVICES PHONE NUMBER WITH HOURS OF AVAILABILITY SO THAT PATIENTS MAY CALL TO OBTAIN FURTHER INFORMATION ABOUT THE FINANCIAL ASSISTANCE PROGRAM RADY CHILDREN'S PROVIDES HEALTHCARE SUPPORT SERVICES TO THE COMMUNITY THROUGH THE FINANCIAL COUNSELING TEAM RADY CHILDREN'S FINANCIAL COUNSELORS PROACTIVELY EXPLORE AND ASSIST PATIENTS/GUARANTORS IN APPLYING FOR HEALTH INSURANCE COVERAGE FROM PUBLIC AND PRIVATE PAYMENT PROGRAMS - THE RCHSD WEBSITE PROVIDES INFORMATION ABOUT THE FINANCIAL ASSISTANCE PROGRAM, AND THE FINANCIAL ASSISTANCE POLICY AND FINANCIAL ASSISTANCE PROGRAM APPLICATION ARE POSTED ON THE RCHSD WEBSITE
SCHEDULE H, PART VI, LINE 4	Community Information San Diego County (San Diego) is the second most populous of California's 58 counties, and the fifth largest county in the United States Currently home to 3 2 million residents, San Diego is anticipated to grow to four million by 2020 The region is socially and ethnically diverse, with over 22% of the population under the age of eighteen While the median household income is approximately $64,000, over 18% of persons are living below poverty level, children under age 18 are disproportionately affected In addition, 37% of persons speak a language other than English at home For the FY2016 CHNA, the HASD&IC Board of Directors convened a CHNA Committee to plan and implement the collaborative CHNA process The CHNA Committee is comprised of representatives from all seven participating hospitals and health care systems o Kaiser Foundation Hospital San Diego o Palomar Health o Rady Children's HospitalSan Diego o Scripps Health o Sharp HealthCare o Tri-City Medical Center o University of California San Diego Health In May 2015, HASD&IC contracted with the Institute for Public Health (IPH) at San Diego State University (SDSU) to provide assistance with the collaborative health needs assessment that was officially called the HASD&IC FY2016 Community Health Needs Assessment (FY2016 CHNA) The objective of the FY2016 CHNA is to identify and prioritize the most critical health-related needs in San Diego County based on feedback from community residents in high need neighborhoods and quantitative data analysis The FY2016 CHNA involved a mixed methods approach using the most current quantitative data available and more extensive qualitative outreach The CHNA Committee designed the FY2016 CHNA process based on the findings and feedback from the 2013 HASD&IC CHNA The aim of the FY2016 CHNA methodology was to provide a more complete understanding of the top four identified health needs and associated social determinants of health in the San Diego community Rady Children's Hospital San Diego (the Hospital) is a regional tertiary and quaternary referral center and provides comprehensive inpatient and outpatient acute, psychiatric and intensive care pediatric services The Hospital also is the sole pediatric provider and designated pediatric trauma center for San Diego County and is the primary source of pediatric and neonatal intensive care services for both San Diego and Imperial Counties Also, RCHSD is the pediatric safety net hospital for the region with a medi-cal payor mix hovering over 50% RCHSD serves as the teaching hospital for the School of Medicine at the University of California, San Diego (UCSD) and, in 2001, RCHSD and UCSD amalgamated where RCHSD became the pediatric provider of inpatient and outpatient medical and surgery services and certain other clinical services for UCSD pediatric patients There are three large health systems operating in San Diego, Sharp Healthcare, Scripps Health and Kaiser Permanente, as well as other hospital providers To help care for pediatric patients, RCHSD collaborates with Sharp Healthcare, Scripps Health and Palomar Pomerado Health through affiliated program agreements

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	Promotion of Community Health The Rady Children's Hospital - San Diego is governed by a 25-member board of trustees The majority of the organization's governing body is comprised of persons representing the San Diego Community, who are neither employees nor contractors of the organization RCHSD extends medical staff privileges to all qualified physicians in its community RCHSD applies its surplus funds to support the highest and most urgent needs of the organization and the community including improving patient care, providing support for our patients' families, research, developmental services, mental health services, child abuse prevention and treatment services, education programs, and purchasing state-of-the art equipment and technology to further enhance patient care RCHSD promotes the health of the community it serves through a variety of mechanisms the RCHSD Community Benefit report for fiscal year ended 2017 (July 1, 2016 through June 30, 2017) provides detailed information on over 30 programs and related activities RCHSD conducts each year to improve patient's health status From providing free medical education training seminars to community-based physicians and other health providers, support groups, parent educational resource materials, pediatric research, to programs directed to improve the health needs of patients, RCHSD uses a multi-pronged approach to provide benefit to the community
SCHEDULE H, PART VI, LINE 7	RCHSD FILES A COMMUNITY BENEFIT REPORT IN THE STATE OF CALIFORNIA

Additional Data

Software ID:

Software Version:

EIN: 95-1691313

Name: RADY CHILDREN'S HOSPITAL - SAN DIEGO

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	Rady Children's Hospital San Diego 3020 Childrens Way MC 5133 San Diego, CA 92123 www rchsd org 80000028	X		X	X		X	X			

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	Community engagement activities were conducted with a broad range of people including heal th experts, community leaders, and San Diego residents, in an effort to gain a more comple te understanding of the top identified health needs in the San Diego community Individual s who were consulted included representatives from state, local, tribal, or other regional governmental public health departments (or equivalent department or agency) as well as le aders, representatives, or members of medically underserved, low-income, and minority popu lations Community input was gathered through the following activities community partner discussions, key informant interviews, the Health Access and Navigation Survey, and the Sa n Diego County HHSA survey Community partner discussions were conducted in all regions of the county between July and October of 2015, with 87 total participants Non-traditional stakeholders were recruited through existing community partnerships in order to solicit in put from those who work directly with vulnerable populations These stakeholders (communit y partners) were comprised of individuals from a variety of backgrounds including care co ordinators, outreach workers, community education specialists, wellness coordinators, scho ol nurses, behavioral health managers and workers, CalFresh Outreach Coordinators, and Cal Fresh Capacity Coordinators Key Informant Interviews In response to feedback from the 20 13 CHNA, the number of key informant interviews conducted as part of the FY2016 CHNA was e xpanded to include experts working with a wider variety of patient populations Participan ts were selected based on their expertise in a specific condition, age group, and/or popul ation More specifically, individuals who participated in the FY2016 CHNA had knowledge in at least one of the following areas childhood issues, senior health, Native Americans, L atinos, Asian Americans, refugee and families, homeless, lesbian, gay, bisexual, transgend er and queer (LGBTQ) population, veterans, alcohol and drug addiction, cardiovascular heal th, behavioral health, diabetes, obesity, and food insecurity In addition there was repre sentation across multiple agencies and organizations including the San Diego County HHSA, local schools, youth programs, community clinics, and community-based organizations The d evelopment of the key informant Interview tool began with the results from the HASD&IC 201 3 CHNA The interview questions were designed to provide in-depth detail on the top four h ealth needs Nineteen key informant interviews took place either in-person or via phone in terview between July 2015 and February 2016 Surveys Two different surveys were developed and disseminated through different avenues as part of the FY2016 CHNA process the Health Access and Navigation Survey and the Collaborative San Diego County Health and Human Servi ces Agency Survey HEALTH ACCESS AND NAVIGATION SURVEY The Health Access and Navigation S urvey was developed in partner

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	ship with the San Diego County Resident Leadership Academy (RLA) After comparing results of the RLAs 2014 Community Needs Assessment and with the findings from the HASD&IC 2013 CH NA, access and navigation of health care emerged as a common barrier identified by the San Diego community The CHNA Committee collaborated with the RLAs to design a survey tool th at could identify specific barriers residents face when they try to access health care ser vices RLA leaders agreed to disseminate the health access and navigation survey to reside nts in their neighborhoods Survey participants were asked to choose the top five barriers the participants or the population they work with experience, and to rank the five barrie rs from one to five, with one being the most troublesome SAN DIEGO COUNTY HHSA SURVEY Th e HHSA and HASD&IC partnered in regional presentations as well as an electronic survey Da ta presentations were given at five Live Well San Diego Regional Leadership Team meetings across San Diego County in October and November 2015 The Regional Leadership Teams are co mprised of community leaders and stakeholders that are active in each of the six HHSA regi ons Each meeting included an overview of the HASD&IC 2013 CHNA process and findings follo wed by a presentation from the County of San Diego Community Health Statistics Unit on cur rent data trends in their region Following the data presentations, an electronic survey w as sent to pre-identified stakeholders and community partners representing all six HHSA re gions HASD&IC and the County HHSA worked together to create specific questions assessing community perception of the top health needs, and for which health needs resources are lac king SCHEDULE H, PART V, SECTION B, LINE 6A Rady Children's Hospital - San Diego conducte d its chna with the following hospitals (see chna, page 4) - Kaiser Foundation Hospital - San Diego - Palomar Health - Scripps Health - Sharp Healthcare - Tri-City Medical Center - University of California San Diego Health System

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 7a	https //www rchsd org/health-safety/community-health-needs-assessment/ SCHEDULE H, PART V, SECTION B, LINE 10a https //www rchsd org/health-safety/community-health-needs-assessment/

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

Form and Line Reference	Explanation
Schedule H, Part V, Line 11	Community Health Needs Addressed Obesity and Diabetes (Type II) - o Regional Partnerships Childhood Obesity Initiative (COI) - Rady Childrens has participated in the San Diego Cou nty Childhood Obesity Initiative (COI) since its inception in 2004 The COI is a countywid e collaborative that strives to reduce and prevent childhood obesity through a multi-prong ed approach Through the COI, Rady Childrens collaborates with other healthcare leaders, S an Diego County Health and Human Services, and other partners in the community Rady Child rens provides staff and medical leadership to support the COI o Weight and Wellness Progr am - Clinician feedback has identified that there are not adequate community-based resourc es available to address this need The Center for Healthier Communities plans to develop a nd pilot a new program to provide tailored nutrition education, food preparation and physi cal activity for overweight youth Clinicians and others can refer overweight and obese yo uth and their families to this program o Lets Get Cooking - Rady Childrens has a long his tory of participating in the City Heights Wellness Center (Wellness Center) in collaborati on with Scripps Health The Wellness Center Teaching Kitchen serves as the site for Lets G et Cooking classes which addresses obesity and Type 2 diabetes through nutrition education and cooking classes in a high risk community Rady Childrens will work to find the resour ces necessary to continue Lets Get Cooking classes both at the Wellness Center and through the creation of a mobile "teaching Kitchen" to increase the capacity to bring the program to communities and partners without established cooking facilities o Rethink Your Drink - This initiative is designed to provide education about the content and health effects of added sweeteners in beverages, increase the availability and consumption of healthy drink options, and make healthy beverages the standard in our organization and for the children and families that visit Rady Children's Hospital Going forward, Rady Childrens will cont inue to share program information with the COI and other hospitals Information will also be shared with schools at community events Mental and Behavioral Health - The child healt h need regarding mental and behavioral health are being addressed through the following st rategies and programs o Depression Screening A Depression Risk Screening (PHQ9) is provi ded to all patients at Rady Childrens, ages 12 and over, visiting a Medical Practice Found ation (MPF) High Risk Specialty clinic Contact sheets with referrals in the community for treatment are provided to families with an at-risk score, and physicians whose patients a re identified with a high threshold at-risk score are alerted for immediate intervention Depression screening is an important tool for obesity, Type 2 diabetes, and children with single chronic illness, as all of these conditions carry a high risk for depression, which negatively impacts disease ma

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

Form and Line Reference	Explanation
Schedule H, Part V, Line 11	nagement o KidSTART Clinic - This program serves children who are Medi-Cal eligible, age 0-5, and exhibit complex medical needs that range from developmental to mental health need s A new component being offered to KidSTART families includes oral health screening, educ ation and referral o Crisis Stabilization Unit - The psychiatric crisis stabilization uni t is a physical unit within the hospital with the capacity for four patients that is ideal ly structured to receive patients from the Emergency Department (ED) for short-term crisis assessment and treatment Autism - The Developmental Services department at Rady Children s provides a continuum of integrated services across various disciplines and community par tners to support early brain development, social/emotional development, and the needs of t he whole child through every aspect of care delivery Emphasizing early identification, di agnosis and intervention, a variety of programs are provided, including programs focused o n Autism and ADHD o The Autism Discovery Institute (ADI) The Autism Discovery Institute is a state-of-the-art facility that serves children with Autistic Spectrum Disorders (ASD) through a multidisciplinary approach, as well as provides a forum for research, to improv e the lives of children with ASD The goal of the ADI is to provide comprehensive care tha t will improve the lives of children with autism spectrum disorders Rady Childrens collab orates with a myriad of community-based agencies and providers o Developmental Evaluation Clinic (DEC) The Developmental Evaluation Clinic provides diagnostic developmental evalu ations for infants, preschoolers, and school-age children to identify developmental, learn ing and social delays and determine the need for further intervention Children are referr ed for evaluation due to premature birth and other neonatal complications, slow developmen t, kindergarten readiness, behavioral problems, Autistic Spectrum Disorders, or family his tory of learning disabilities Once delays have been identified, referrals are made to a v ariety of public education programs, as well as public and private therapy programs Other unique community programs include The Center for Healthier Communities o Childhood Injur y Prevention The CHC plays a primary leadership role in the community in childhood injury prevention Data from the Rady Childrens Trauma Center and other sources is reviewed to d etermine priorities and focus, and the information is brought to communities to raise awar eness, problem solve, and advocate for public policy and safety regulations Programs incl ude o Safety Store Providing products to keep families safe o Safe Kids San Diego Addr essing drowning prevention, child passenger safety and other prevalent injury area through a local coalition, in which Rady Childrens is the lead organization o Injury-Free Coalit ion for Kids Preventing injuries as part of a national program of the Robert Wood Johnson Foundation o Safe Routes to

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

Form and Line Reference	Explanation
Schedule H, Part V, Line 11	School Increasing the number of children who walk or bike to school safely as part of a n ational initiative o Kohls Transportation Safety Program Providing weekly child passenge r safety seat inspections through a grant from Kohls Department Store o Sports Injury and Concussion Prevention Program Preventing sports injuries and concussions in children and teens through our 360 Sports Medicine program and other initiatives o Maternal and Child Health incuding Immunizations which ensure the safety of children in the community by inc reasing numbers of fully immunized children through information and resources provided to parents o Health and Lifestyle Programs including o FACES for the Future Inspires youth to become leaders through a coordinated school, community and hospital-based program that provides youth development, health careers preparation, and nutrition education o Juveni le Hall Wellness Team Provides health and wellness information and counseling for incarce rated youth o Anderson Center for Dental Care Improves the oral health of all children i n San Diego County through improved access to care, education, and advocacy o Asthma (new program) Community Approach to Severe Asthma Program (CASA) is an innovative pilot progr am in San Diego with the goal of improving management and outcomes for children identified by Rady Childrens with severe childhood asthma o The Chadwick Center for Children and Fa milies - The primary focus of the Chadwick Center for Children and Families at Rady Childr ens is the prevention, detection and treatment of child abuse and neglect, domestic violen ce, and post-traumatic stress in children The Chadwick Center is one of the largest hospi tal based child advocacy and trauma treatment centers in the nation and is staffed with mo re than 107 professionals in the field of medicine, social work, psychology, psychiatry, c hild development, nursing and education technology o Trauma Counseling Program - The Trau ma Counseling Program has been committed to treating the after-effects of a childs traumat ic experience The staff of the Trauma Counseling Program is primarily composed of License d Clinical Social Workers, Marriage and Family Therapists, and Psychologists The staff's expertise is in treating childhood traumatic events including neglect, physical and sexual abuse, sexual assault, domestic, school, and community violence, and natural disasters T reatment for the psychological aspects of medical trauma and chronic pain is also availabl e Please refer to https //www rchsd org/documents/2016/02/community-health-needs-implemen tat ion-strategy pdf for more information on the Community Health Needs Assessment Impleme ntation Strategy Needs not addressed Rady Children's is not addressing cardiovascular di sease for the pediatric population as it was identified in the chna as a top health need f or the adult population, not pediatric Rady Children's provides cardiology, cardiovascula r and other related medical se

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16a, 16b, 16c	The FAP, the FAP application, and the plain language FAP were all made available online at https //www rchsd org/patients-visitors/financial-assistance/ SCHEDULE H, PART V, SECTION B, LINE 16j ALL LANGUAGE REGARDING THE POLICY IS COMMUNICATED TO PATIENTS VIA SIGNAGE IN ALL ADMITTING AREAS AT THE POINT OF REGISTRATION, ALL PATIENTS RECEIVE BROCHURES EXPLAINING THE FACILITY'S FINANCIAL ASSISTANCE PROGRAM AND THE AVAILABILITY OF GOVERNMENT SPONSORED PROGRAMS, ALL INITIAL STATEMENTS TO UNINSURED PATIENTS INCLUDES VERBIAGE INFORMING PATIENTS OF THE FACILITY'S FINANCIAL ASSISTANCE PROGRAM AND A COPY OF THE CHARITY CARE APPLICATION A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE HOSPITAL'S WEBSITE

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
Chadwick Center for Children & Families 333 H ST SUITE 3010 Chula Vista, CA 91910	Trauma Counseling
Rady Children's Specialists of San Diego 477 NORTH EL CAMINO REAL BUILDING Encinitas, CA 92024	Clinic
Rady Children's Specialists of San Diego 625 West Citracado Parkway Escondido, CA 92025	Clinic/ urgent care
Rady Children's Specialists of San Diego 25485 Medical Center Drive Suite 1 Murrieta, CA 92562	Clinic
Sanford Children's Clinic 3605 Vista Way Suite 130 Oceanside, CA 92056	Clinic
Rady Children's Developmental Services 667 San Rodolfo Drive Suite 126 Solana Beach, CA 92075	Clinic
City Heights Wellness Center 4440 Wightman Street Suite 200 San Diego, CA 92105	Wellness center
HomeCare 8291 Aero Place Suite 130 San Diego, CA 92123	Home HealthCare
Rady Children's Specialists of San Diego 6386 Alvarado Court Suite 210 San Diego, CA 92123	Clinic
Rady Children's Specialists of San Diego 385 W Main Street El Centro, CA 92243	Clinic
Rady Children's HOSPITAL 7910 Frost Suite 140 San Diego, CA 92123	Clinics
Rady Children's Hospital 8010 Frost Suite 140 San Diego, CA 92123	Clinics
Rady Children's 7920 Frost Suite 140 San Diego, CA 92123	Clinics
Nelson Family Pavilion 8001 Frost Street San Diego, CA 92123	Clinics
Rady Children's Hospital 8110 Birmingham Drive San Diego, CA 92123	Clinics

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
RADY CHILDREN'S HEALTH SERVICES 3665 kearny villa road san diego, CA 92123	DEVELOPMENTAL AND BEHAVIORAL SERVICES
RADY CHILDREN'S URGENT CARE 4305 University Ave 150 san diego, CA 92105	CLINIC/ URGENT CARE
RADY CHILDREN'S HEALTH SERVICES 386 East H Street Suite 202 CHULA VISTA, CA 91910	CLINICS
RADY CHILDREN'S DEVELOPMENT SERVICES 11752 El CAMINO REAL SUITE 100 SAN DIEGO, CA 92130	DEVELOPMENTAL AND BEHAVIORAL SERVICES
RADY CHILDREN'S SPECIALISTS OF SAN DIEGO 3605 VISTA WAY SUITE 172 OCEANSIDE, CA 92056	CLINIC/ URGENT CARE
POLINSKY CHILDREN'S CENTER MEDICALCLINIC 9400 RUFFIN COURT BUILDING B SAN DIEGO, CA 92123	CLINIC
RADY CHILDREN'S URGENT CARE 5565 Grossmont Center Drive Buildi La Mesa, CA 91942	Urgent Care

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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," on 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

2016

Open to Public Inspection

Name of the organization
RADY CHILDREN'S HOSPITAL - SAN DIEGO

Employer identification number
95-1691313

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" on 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) Rady Children's Hospital Foundation-San Diego 3020 CHILDRENS WAY 5001 MC SAN DIEGO, CA 921234282	33-0170626	501(C)(3)	10,838,910				Support RCHFSD
(2) Rady Children's Hospital Research Center 3020 Childrens Way Mc 5001 San Diego, CA 921234282	95-3814185	501(c)(3)	1,154,112				Support RCHRC

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

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

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

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

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

Return Reference	Explanation
PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS	RCHSD transferred funds to RCHFSD and RCHRC to further their exempt purpose RCHFSD and RCHRC support RCHSD IN ITS EXEMPT activities

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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" on 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

2015

Open to Public Inspection

Name of the organization
RADY CHILDREN'S HOSPITAL - SAN DIEGO

Employer identification number
95-1691313

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 on 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**		No
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**		No
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 on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or 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" on 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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
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
SCHEDULE J PART I LINE 1A	THE ORGANIZATION PROVIDED A DISCRETIONARY SPENDING ACCOUNT TO Five OFFICERS AND Twelve KEY EMPLOYEES LISTED ON FORM 990 PART VII THE AMOUNT PROVIDED WAS INCLUDED IN EACH INDIVIDUAL'S TAXABLE COMPENSATION
SCHEDULE J PART 1 LINE 4B	RADY CHILDREN'S HOSPITAL - SAN DIEGO HAS ESTABLISHED A NON-QUALIFIED PLAN PURSUANT TO 457(F) OF THE INTERNAL REVENUE CODE THE PURPOSE OF THIS PLAN IS TO INCENTIVIZE RADY CHILDREN'S HOSPITAL - SAN DIEGO ELIGIBLE SENIOR MANAGEMENT EMPLOYEES (PRESIDENT, SENIOR VICE PRESIDENTS, VICE PRESIDENTS, SENIOR MANAGING DIRECTORS) IN RECOGNITION OF THE FACT THAT THEY ARE REQUIRED TO DEVOTE SIGNIFICANT AMOUNTS OF TIME, SKILL AND ENERGY TO THE ORGANIZATION THE AMOUNTS LISTED IN SCHEDULE J PART II, COLUMN (C) ARE SUBJECT TO SUBSTANTIAL FUTURE SERVICE REQUIREMENTS TO THE ORGANIZATION AND ARE SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE ONCE VESTED THE AMOUNTS UNDER THIS PLAN ARE REPORTED ON FORM W-2 AS TAXABLE COMPENSATION TO THE INDIVIDUAL

Additional Data

Software ID:
Software Version:
EIN: 95-1691313
Name: RADY CHILDREN'S HOSPITAL - SAN DIEGO

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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 Donald B Kearns MD MMM President & CEO	(I)	837,132	294,679	78,616	95,091	16,485	1,322,003	0
	(II)	0	0	0	0	0	0	0
1 Margareta E Norton Secretary, SVP, CAO	(I)	590,319	168,569	112,962	113,832	10,159	995,841	0
	(II)	0	0	0	0	0	0	0
2 Nishantha Ratnayake VP, Finance & Controller	(I)	234,003	58,727	19,001	11,226	7,251	330,208	0
	(II)	0	0	0	0	0	0	0
3 Irvin A Kaufman MD Chief, Health Affairs	(I)	386,507	34,698	96,375	-8,674	10,270	519,176	0
	(II)	0	0	0	0	0	0	0
4 Albert Oriol VP, Info mgmt, CIO	(I)	351,556	83,157	49,189	45,571	17,060	546,533	0
	(II)	0	0	0	0	0	0	0
5 Angela M Vieira General Counsel	(I)	348,752	71,557	44,759	64,251	11,987	541,306	0
	(II)	0	0	0	0	0	0	0
6 Scott D Campbell VP, CFO & Admin Off, MPF	(I)	306,347	52,449	42,991	50,707	19,706	472,200	0
	(II)	0	0	0	0	0	0	0
7 Mary J Fagan VP, Patient Care Services/CNO	(I)	273,806	56,233	42,010	150,410	15,519	537,978	0
	(II)	0	0	0	0	0	0	0
8 Barbara L Ryan VP, Government Affairs	(I)	274,899	62,417	48,216	-66,951	9,618	328,199	0
	(II)	0	0	0	0	0	0	0
9 Charles Wilson SR Dir, Chadwick Center	(I)	275,034	14,296	37,541	50,027	21,320	398,218	0
	(II)	0	0	0	0	0	0	0
10 Chris Abe Sr Dir Ancillary/Supp SVCS	(I)	236,519	18,089	34,518	113,745	12,749	415,620	0
	(II)	0	0	0	0	0	0	0
11 Charles B Davis vp, coo mpf	(I)	395,737	79,306	30,734	35,631	3,599	545,007	0
	(II)	0	0	0	0	0	0	0
12 Glenn F Billman CHIEF QUALITY OFFICER	(I)	320,563	15,281	9,576	54,454	25,414	425,288	0
	(II)	0	0	0	0	0	0	0
13 Blair Sadler Former President and CEO	(I)	0	0	183,135	0	0	183,135	0
	(II)	0	0	0	0	0	0	0
14 Nicholas Holmes MD SVP, COO	(I)	470,110	139,781	26,044	22,115	21,662	679,712	0
	(II)	0	0	0	0	0	0	0
15 Joseph Ambrose Sr Dir, CTO	(I)	249,587	16,685	1,562	10,331	18,027	296,192	0
	(II)	0	0	0	0	0	0	0
16 Kathleen M Cain treasurer, svp, cfo	(I)	379,075	91,292	12,692	11,098	13,805	507,962	0
	(II)	0	0	0	0	0	0	0
17 Gail R Knight MDSVP, CMO	(I)	316,988	102,161	10,961	9,485	6,303	445,898	0
	(II)	0	0	0	0	0	0	0
18 Michael Hester SR Director Revenue Cycle	(I)	230,324	11,340	932	9,166	6,776	258,538	0
	(II)	0	0	0	0	0	0	0
19 Kristin Gist Sr Dir Developmental Svcs	(I)	205,254	15,141	7,732	-47,402	17,727	198,452	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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
21 Cathy Nugent VP, Human Resources	(I)	200,847	9,712	7,385	99,208	0	317,152	0
	(II)	0	0	0	0	0	0	0
1 Joshua Kohrumel Chief Data Officer	(I)	191,380	13,236	5,085	15,654	0	225,355	0
	(II)	0	0	0	0	0	0	0
2 Teresita Penzalann Diaz Clinical Nurse	(I)	231,396	5,850	4,051	60,096	10,106	311,499	0
	(II)	0	0	0	0	0	0	0
3 John Allardyce Chief of Perfusion Services	(I)	204,509	23,150	0	22,360	0	250,019	0
	(II)	0	0	0	0	0	0	0
4 Stephen Jennings Sr VP, Exec Dir Foundation	(I)	0	0	0	0	0	0	0
	(II)	356,058	110,236	44,394	41,294	20,012	571,994	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

2016

Open to Public Inspection

Name of the organization
RADY CHILDREN'S HOSPITAL - SAN DIEGO

Employer identification number
95-1691313

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 COMM DEVELOPMENT AUTHORITY	68-0164610	130795VT1	07-31-2008	101,155,000	CURRENT REFUNDING SERIES 2006CD BO		X		X		X
B	CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828	13033LUU9	11-22-2011	100,079,621	LOAN REIMB, RENOV, CONSTR & EQUIP		X		X		X
C	CALIFORNIA STATEWIDE COMM DEVELOPMENT AUTHORITY	68-0164610	1307955Y9	06-14-2012	115,580,000	REISSUANCE OF 2008B & 2008D BONDS		X		X		X
D	CALIFORNIA STATEWIDE COMM DEVELOPMENT AUTHORITY	68-0164610	111111xx1	09-25-2013	63,485,000	REISSUANCE OF 2008A		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	50,580,000	6,425,000	52,260,000	1,180,000
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	101,088,384	100,384,978	115,580,000	63,485,000
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	820,490	1,682,270	0	0
8	Credit enhancement from proceeds	335,833	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	0	98,702,708	0	0
11	Other spent proceeds	100,000,014	0	115,580,000	63,485,000
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion		2016		

		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		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		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		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		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		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		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		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 %		0 150 %		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 ▶								
6	Total of lines 4 and 5				0 150 %				
7	Does the bond issue meet the private security or payment test?		X		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		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?		X		X		X		X
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		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		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		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X	X		X	
b	Name of provider	GOLDMAN SACHS BANK		0		GOLDMAN SACHS BANK		GOLDMAN SACHS BANK	
c	Term of hedge	2408 %				3519 %		3519 %	
d	Was the hedge superintegrated?		X				X		X
e	Was the hedge terminated?	X					X		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		X
b	Name of provider	HYPO REPURCHASE AGRT		0		0		0	
c	Term of GIC	255 %							
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		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		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		X	

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

Return Reference	Explanation
Set 1, Column A	Part I, (f) The issue date of the 2006CD Bonds was 10/26/06 Part II, line 3 The difference between the Issue Price listed in Part I(e) is due to interest earnings on Bond Proceeds and the cumulative rebate liability paid to the IRS no later than 09/29/13 Part II, line 13 Since the proceeds of the 2008CD Bonds are used for refunding purposes, the year of substantial completion is not applicable Part IV, line 4(e) The 2008C Goldman Sachs hedge was originally a hedge on the 2006C Bonds with a term of 29 82 years, and was reintegrated into the 2008C Bonds on July 31, 2008, with a term of 28 06 years On April 15, 2016, the hedge was split into two transactions Subsequently, one of the transactions was novated to Wells Fargo Bank, N A on April 25, 2016 The novated Wells Fargo hedge has a term of 3 98 years, and the Goldman Sachs portion of the transaction has a term of 24 08 years The original term of the entire transaction of 28 06 years remains unchanged Part IV, line 4(e) The 2008D Goldman Sachs hedge was originally a hedge on the 2006D Bonds with a term of 33 14 years, and was reintegrated into the 2008D Bonds on July 31, 2008, with a restructured term of 33 06 years This hedge was deemed terminated on June 14, 2012, and had a term of 3 87 years at termination Part IV, line 5(a) Gross proceeds of the 2008CD Bonds Project Funds were invested in a Hypo Repurchase Agreement

Return Reference	Explanation
Set 1, Column B	Part II, 3 The difference between the Issue Price listed in Part I(e) is due to interest earnings on Bond Proceeds

Return Reference	Explanation
Set 1, Column C	PART I, (f) The issue date of the prior 2008B Bonds was 07/02/08 The issue date of the prior 2008D Bonds was 07/31/08 PART II, line 13 Since the proceeds of the 2012B and 2012D Bonds are used for refunding purposes, the year of substantial completion is not applicable PART IV, line 2(b) The issue qualified for a spending exception to rebate No rebate calculation has been or will ever be made, before or after the due date of an 8038-T PART IV, line 4(e) The 2012B Goldman Sachs hedge was originally a hedge on the 2008B Bonds with a term of 39 15 years, and was reintegrated into the 2012B Bonds on June 15, 2012 The reintegrated hedge has a term of 35 19 years PART IV, line 4(e) The 2012D Goldman Sachs hedge was originally a hedge on the 2008D Bonds with a term of 33 06 years, and was reintegrated into the 2012D Bonds on June 15, 2012 This reintegrated hedge has a term of 29 19 years

Return Reference	Explanation
Set 1, Column D	Part I, (f) The issue date of the 2008A Bonds was 07/02/08 Part II, line 13 Since the proceeds of the 2008A-Reissued Bonds are used for refunding purposes, the year of substantial completion is not applicable Part IV, line 2 (b) The issue qualified for a spending exception to rebate No rebate calculation has been or will ever be made, before or after the due date of an 8038-T Part IV, line 4(e) Based on the Proposed Regulations, the 2008A Goldman Sachs hedge is treated as continuing to the 2008A-Reissued Bonds instead of being terminated and reintegrated

Return Reference	Explanation
Set 1, Columns A, C, and D	PART III, LINE 7 AS PROVIDED IN TREASURY REGULATION SECTION 1 141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PART III, LINE 6 THE ORGANIZATION HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE SECURITY TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS REPORTED IN PART III, LINE 6, IS NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE

Return Reference	Explanation
Set 2, Column A	Part I, (f) The issue date of the 2012D Bonds was 06/14/12 Part II, line 13 Since the proceeds of the 2012D-Reissued Bonds are used for refunding purposes, the year of substantial completion is not applicable Part IV, line 2 (b) The issue qualified for a spending exception to rebate No rebate calculation has been or will ever be made, before or after the due date of an 8038-T Part IV, line 4(e) Based on the Proposed Regulations, the 2012D Goldman Sachs hedge is treated as continuing to the 2012D-Reissued Bonds instead of being terminated and reintegrated On April 1, 2016, the hedge was split into two transactions Subsequently, one of the transactions was novated to Wells Fargo Bank, N A on April 25, 2016 The novated Wells Fargo hedge has a term of 2 93 years, and the Goldman Sachs portion of the transaction has a term of 26 25 years The original term of the entire transaction of 29 19 years remains unchanged 29 19 years remains unchanged

Return Reference	Explanation
Set 2, Column B	Part I (f) The issue date of the 2006AB Bonds was October 26, 2006 Part II, line 13 Since the proceeds of the 2016AB Bonds are used for refunding purposes, the year of substantial completion is not applicable Part IV, line 2 (b) The issue is on track to meet the 6-month spending exception to rebate PART III, LINE 7 AS PROVIDED IN TREASURY REGULATION SECTION 1 141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PART III, LINE 6 THE ORGANIZATION HAS NOT UNDERTAKEN AN ANLYSIS OF THE PRIVATE SECURITY TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS REPORTED IN PART III, LINE 6, IS NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE

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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

2016

Open to Public Inspection

Name of the organization
RADY CHILDREN'S HOSPITAL - SAN DIEGO

Employer identification number
95-1691313

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 COMM DEVELOPMENT AUTHORITY	68-0164610	111111xx1	10-24-2013	50,580,000	REISSUANCE OF SERIES 2012D		X		X		X
B	CALIFORNIA STATEWIDE COMM DEVELOPMENT AUTHORITY	68-0164610	13080SLZ5	05-18-2016	61,552,785	CURRENT REFUNDING SERIES 2006AB		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0		
2	Amount of bonds legally defeased	0	0		
3	Total proceeds of issue	50,580,000	61,552,785		
4	Gross proceeds in reserve funds	0	0		
5	Capitalized interest from proceeds	0	0		
6	Proceeds in refunding escrows	0	60,556,387		
7	Issuance costs from proceeds	0	936,839		
8	Credit enhancement from proceeds	0	0		
9	Working capital expenditures from proceeds	0	0		
10	Capital expenditures from proceeds	0	0		
11	Other spent proceeds	50,580,000	50,980		
12	Other unspent proceeds	0	8,580		
13	Year of substantial completion				

		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					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X			X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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				
2	Are there any lease arrangements that may result in private business use of bond-financed property?	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					
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		X					
c	Are there any research agreements that may result in private business use of bond-financed property?		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 %		0 330 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5			0 330 %					
7	Does the bond issue meet the private security or payment test?		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				
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?		X		X				
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					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X					
b	Exception to rebate?	X			X				
c	No rebate due?		X		X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X				
b	Name of provider	GOLDMAN SACHS BANK		0					
c	Term of hedge	2625 %							
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				
b	Name of provider	0		0					
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V **Procedures To Undertake Corrective Action**

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

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

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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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2016

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Name of the organization
RADY CHILDREN'S HOSPITAL - SAN DIEGO

Employer identification number
95-1691313

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	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	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) Stephen Jennings	Officer	See Part IV		X	80,000	31,791		No	Yes		Yes	
Total				▶ $		31,791						

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

Part V Supplemental Information

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

Return Reference	Explanation
Schedule L, Part II, Line 1, Column (c)	RELOCATION HOUSING LOAN

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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990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION A LINE 6	Rady Children's Hospital and Health Center (RCHHC) is the sole member as that term is defi ned in California Corporations Code 5056 ("Member") of Rady Children's Hospital - San Dieg o (RCHSD) PART VI, SECTION A LINES 7A AND 7B THE RCHSD BOARD OF DIRECTORS CONSISTS OF THO SE INDIVIDUALS SERVING AS THE BOARD OF TRUSTEES OF THE MEMBER ONLY THE MEMBER MAY REMOVE A DIRECTOR THE FOLLOWING ACTIONS OF THE RCHSD BOARD REQUIRE "PRIOR WRITTEN APPROVAL" OF T HE MEMBER TO BE EFFECTIVE O ANY AMENDMENT, REVISION, MODIFICATION OF THE ARTICLES OF INCO RPORATION OR THE BYLAWS O ANY CHANGE IN THE NATURE OF THE BUSINESS ACTIVITIES OF RCHSD O A PPROVAL OF OPERATING AND CAPITAL BUDGETS OF RCHSD O BORROWING ANY AMOUNT OR INCURRING ANY DEBT IN THE AMOUNT OF $100,000 OR MORE O MAKING OR INCURRING ANY UNBUDGETED EXTRAORDINARY OR NON-RECURRING EXPENSE OR EXPENDITURE OF $1,000,000 THE RCHSD BOARD CANNOT AUTHORIZE OR DIRECT ANY OFFICER OF RCHSD TO PERFORM OR COMMIT ANY OF THE FOLLOWING ACTS, WITHOUT PRIOR WRITTEN APPROVAL OF THE MEMBER O BORROW MONEY IN RCHSD'S NAME OR UTILIZE PROPERTY OWNED BY RCHSD AS SECURITY FOR LOANS, EXCEPT IN THE ORDINARY COURSE OF BUSINESS O MAKE, EXECUTE, OR DELIVER ANY ASSIGNMENT FOR THE BENEFIT OR CREDITORS, OR ANY BOND, CONFESSION, JUDGMENT , CHATTEL MORTGAGE, SECURITY AGREEMENT, DEED, GUARANTY, INDEMNITY BOND, SURETY BOND, CONTR ACT TO SELL OR BILL OF SALE OF THE PROPERTY OF RCHSD, EXCEPT IN THE ORDINARY COURSE OF BUS INESS O ACQUIRE, PURCHASE, DEVELOP, IMPROVE, SELL, LEASE OR MORTGAGE ANY CORPORATE REAL E STATE OR ANY INTEREST THEREIN OR ENTER INTO ANY CONTRACT FOR ANY SUCH PURPOSES O MAKE ANY LOAN OR INVESTMENT OF ANY RCHSD ASSETS, OR ENTER INTO ANY CONTRACT OR INCUR ANY LIABILITY ON BEHALF OF RCHSD OTHER THAN FOR FAIR CONSIDERATION OR IN THE ORDINARY COURSE OF BUSINES S RELATING TO ITS NORMAL DAILY OPERATION PART VI, SECTION B, LINE 11A REVIEW OF FORM 990 THE FORM 990 WAS REVIEWED BY THE CFO AND THEN PROVIDED TO THE ORGANIZATION'S AUDIT AND COR PORATE RESPONSIBILITY COMMITTEE FOR REVIEW FOLLOWING REVIEW BY THE COMMITTEE, THE RETURNS WERE FINALIZED, SIGNED AND SUBMITTED TO THE INTERNAL REVENUE SERVICE A COMPLETE COPY OF THE FORM 990 WAS PROVIDED TO EACH VOTING BOARD MEMBER PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI, Section B, Line 12c	Conflict of Interest Policy On an annual basis and upon election or appointment, the polic y and disclosure statement is distributed to all Board members, officers, and key employee s and medical staff leaders All completed and signed statements are returned to the Corpo rate Compliance Officer for review If a person discloses a potential or actual conflict i s identified the person with the potential or actual conflict of interest is recused from any discussion or approval of any such related transaction Financial interest disclosures by board members and officers are brought to the RCHHC Board of Trustees or the Audit and Corporate Responsibility Committee for review and, as needed, appropriate action Financi al interest disclosures by key employees and medical staff leaders are reviewed by the Cor porate Compliance Officer and referred to the President and Chief Executive Officer or to the RCHHC Board of Trustees The Corporate Compliance Officer reports annually to the Exec utive Corporate Compliance Committee and the Audit and Corporate Responsibility Committee a summary of all disclosures and action taken, if any All other employees are required to complete a disclosure statement on an annual basis that is reviewed by the Corporate Comp liance Officer

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI, Section B, Line 15	Determination of Compensation Rady Children's Hospital and Health Center/Rady Children's H ospital - San Diego working through the Board Compensation Committee has a process for est ablishing, reviewing and approving compensation of officers and key employees of the organ ization on a no less than an annual basis The Compensation Committee is comprised of inde pendent, lay members of the Board of Trustees Prior to conducting its review, the Chair o f the Compensation Committee determines whether any member has a conflict of interest with respect to the matter(s) under review If there is a conflict, the conflicted member recu ses himself/herself and is not present during discussion or vote on the arrangement under review In determining and approving the compensation arrangement, the Committee considers all components of compensation It considers comparability data and retains an independen t compensation consultant to provide comparability data to the committee Total compensati on is targeted to be between the 50th and 75th percentiles of the comparability data The Committee's deliberations and decisions are documented in minutes that are reviewed at its next meeting The Committee's written records include the (1) terms of the arrangement wi th the disqualified person (including the date the arrangement was approved), (2) a list o f members present during the discussion of the transaction (and how the members voted when it was approved), and (3) a description of the comparable data relied on by the Committee and how it was obtained

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI, Section C, Line 19	The federal tax laws do not mandate that the organization's governing documents and conflict of interest policy be made available for public inspection The organization makes its financial statements available upon request and they are also attached to this Form 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
part xi, reconciliation of net assets	CHANGE IN FMV OF INTEREST RATE SWAP rate swap 30,393,487 Change in split interest agreemen ts (25,346) Change in defined benefit cost 23,371,586 Intercompany Settlement 1,857,146 == ========== Total 55,596,873

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYSICIAN SERVICES TOTAL FEES 174532973

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED SERVICES - MEDICAL TOTAL FEES 44177617

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED INSURANCE SERVICES TOTAL FEES 44465400

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION LEASED LABOR NON-PHYSICIAN TOTAL FEES 34677391

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED SERVICES UCSD TOTAL FEES 16852648

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION RCPMS PURCHASED LABOR TOTAL FEES 688002

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION MISCELLANEOUS MEDICAL SERVICES TOTAL FEES 5660653

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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

2016

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Name of the organization
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Employer identification number
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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

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) Section 512(b)(13) controlled entity? No
(1) Rady Children's Hospital and Health Cent 3020 Childrens Way MC 5001 San Diego, CA 92123 95-3545901	Support	CA	12b	501(c)(3)	NA		No
(2) Rady Children's Hospital Research Center 3020 Childrens WayMC 5001 San Diego, CA 92123 95-3814185	Research	CA	12A	501(c)(3)	RCHHC		No
(3) Rady Children's Hospital Foundation - SD 3020 Childrens WayMC 5001 San Diego, CA 92123 33-0170626	Fundraising	CA	7	501(c)(3)	RCHHC		No
(4) Rady Children's Health Services - SD 3020 Childrens WayMC 5001 San Diego, CA 92123 33-0278018	Support	CA	12A	501(c)(3)	RCHSD	Yes	

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) Children's Hospital Integrated Risk Prot 22 Victoria StreetHamilton Hamilton HM12 BD	Captive insur	BD	RCHHC	C CORP	0	0	0 %		No
(2) Rady Children's Physician Management Ser 3860 Calle FortunadaSuite 200 San Diego, CA 921234282 33-0670694	Management	CA	RCHHC	C CORP	0	0	0 %		No
(3) Children's Hospital Insurance Ltd Canons Court 22 Victoria Street Hamilton HM BD	captive insur	BD	chirpl	C corp	0	0	0 %		No

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

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

		Yes	No
1 During the tax year, did the 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	Yes	
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	Yes	
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	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)NONE			

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)