

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 \$ 892,323,613 including grants of \$ 5,392,054) (Revenue \$ 984,638,783)
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 ▶ 892,323,613

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 b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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	28a 28b 28c	No No 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 Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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.	686	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.	5,507	
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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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.	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)?		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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
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.		
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.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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	24	
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	23	
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

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

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

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[illegible]

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 ▶ 747

Section B. Independent Contractors

(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	130,391,343
The Regents of the University of Ca, 9500 Gilman Drive LA JOLLA, CA 92093	Medical Services	45,279,147
Children's Physicians Medical Group, 5855 Copley Drive Suite 100 SAN DIEGO, CA 92111	Medical Services	33,942,450
Human Capital Select LLC, 2680 S Val Vista Drive Suite 161 GILBERT, AZ 85295	Agency Labor	24,362,171
McCarthy Building Companies Inc, 9275 Sky Park Court Suite 200 SAN DIEGO, CA 92123	Construction Service	19,051,341

Form 990 (2017)

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	19,655,940				
	e Government grants (contributions)	1e	175,807,304				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,118,455				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f ▶		203,581,699				
Program Service Revenue			Business Code				
	2a NET PATIENT REVENUE	621400	792,475,521	792,475,521			
	b CAPITATED CONTRACT REVENUE	623000	165,122,941	165,122,941			
	c OUTPATIENT PHARMACEUTICAL	611710	10,344,129	10,344,129			
	d MEDICAL OFFICE BUILDING	611710	5,855,237	5,855,237			
	e MEDICAL SERVICES REIMBURSEMENT	611710	3,429,411	3,429,411			
	f All other program service revenue		7,411,544	7,411,544			
	g Total. Add lines 2a-2f ▶		984,638,783				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		13,029,077			13,029,077	
	4 Income from investment of tax-exempt bond proceeds ▶		0				
	5 Royalties ▶		0				
	6a Gross rents	(i) Real	(ii) Personal				
		889,745					
		b Less rental expenses					
		c Rental income or (loss)	889,745	0			
	d Net rental income or (loss) ▶		889,745			889,745	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		481,295,369					
		b Less cost or other basis and sales expenses	445,453,674				
		c Gain or (loss)	35,841,695				
	d Net gain or (loss) ▶		35,841,695			35,841,695	
	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	6,174,914			6,174,914	
b FOOD SERVICE REVENUE		721000	2,133,800			2,133,800	
c PARKING		812930	1,997,578			1,997,578	
d All other revenue			3,437,090		1,465,565	1,971,525	
e Total. Add lines 11a-11d ▶			13,743,382				
12 Total revenue. See Instructions ▶			1,251,724,381	984,638,783	1,465,565	62,038,334	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	5,392,054	5,392,054		
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.	135,000	135,000		
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	9,852,020	1,915,417	7,844,959	91,644
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.	350,503,814	255,787,797	94,716,017	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	32,952,525	23,810,614	9,141,911	
9 Other employee benefits.	33,472,865	24,186,598	9,286,267	
10 Payroll taxes.	26,506,767	19,153,082	7,353,685	
11 Fees for services (non-employees):				
a Management.	5,962,424	1,789,919	4,172,505	
b Legal.	967,532	5,882	961,650	
c Accounting.	496,104		496,104	
d Lobbying.	213,949		213,949	
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).	343,185,090	314,342,530	28,842,560	
12 Advertising and promotion.	2,468,695	807,302	1,661,393	
13 Office expenses.	4,055,292	1,536,339	2,518,953	
14 Information technology.	11,514,625	1,109,344	10,405,281	
15 Royalties.	0			
16 Occupancy.	14,991,982	11,993,586	2,998,396	
17 Travel.	1,434,981	920,177	514,804	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	517,685	389,341	128,344	
20 Interest.	15,498,934	12,399,147	3,099,787	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	44,419,028	28,872,368	15,546,660	
23 Insurance.	9,453,541	11,865	9,441,676	
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	121,633,746	121,633,746		
b TAXES, FEES, & LICENSES	44,613,990	43,331,986	1,282,004	
c REPAIRS AND MAINTENANCE	5,609,694	1,016,545	4,593,149	
d FOOD SUPPLIES	2,512,435	1,884,326	628,109	
e All other expenses	20,535,005	19,898,648	636,357	
25 Total functional expenses. Add lines 1 through 24e.	1,109,984,347	892,323,613	217,569,090	91,644
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		15,950,670	1	43,021,111
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		186,279,146	4	166,823,345
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		31,791	5	14,666
	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		588,117	7	544,248
	8	Inventories for sale or use		8,604,619	8	9,754,876
	9	Prepaid expenses and deferred charges		9,113,000	9	14,027,728
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a 908,541,217			
	b	Less: accumulated depreciation	10b 420,960,141	476,119,137	10c	487,581,076
	11	Investments—publicly traded securities		757,641,924	11	767,855,442
	12	Investments—other securities. See Part IV, line 11		293,484,262	12	486,853,988
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		1,028,000	14	923,000
	15	Other assets. See Part IV, line 11		57,737,323	15	49,268,181
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,806,577,989	16	2,026,667,661	
Liabilities	17	Accounts payable and accrued expenses		133,083,229	17	143,417,669
	18	Grants payable		0	18	0
	19	Deferred revenue		9,606,919	19	66,111,049
	20	Tax-exempt bond liabilities		380,353,751	20	372,866,140
	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		3,586,072	23	0
	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		158,719,290	25	126,399,437
	26	Total liabilities. Add lines 17 through 25		685,349,261	26	708,794,295
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		1,047,488,367	27	1,227,529,619
	28	Temporarily restricted net assets		54,265,338	28	65,768,437
	29	Permanently restricted net assets		19,475,023	29	24,575,310
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,121,228,728	33	1,317,873,366
34	Total liabilities and net assets/fund balances		1,806,577,989	34	2,026,667,661	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,251,724,381
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,109,984,347
3	Revenue less expenses Subtract line 2 from line 1	3	141,740,034
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,121,228,728
5	Net unrealized gains (losses) on investments	5	19,502,774
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	35,401,830
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,317,873,366

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

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

Additional Data

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

Form 990 (2017)

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 14-bed level 2 neonatal intensive care unit for Scripps Memorial Hospital in La Jolla, and two level 2 neonatal intensive care units for Scripps Mercy Hospital located in San Diego and Chula Vista, an 11-bed pediatric medical unit for Sharp health located at its sharp grossmont campus, and a level 3, 4-bed level 3 neonatal intensive care unit located at Palomar Medical Center in Escondido. 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 400,000 visits per year in its outpatient departments. Additionally, the emergency department and urgent care centers provide approximately 96,000 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			
Michael P Peckham Chair	4 0 9 0	X		X				0	0	0
S Douglas Hutcheson Vice Chair	4 0 7 0	X		X				0	0	0
Lisa A Barkett Board Member	2 0 2 0	X						0	0	0
Martin Brotman MD Board Member	2 0 2 0	X						0	0	0
Andrew S Clark Board Member	2 0 2 0	X						0	0	0
Michael J Farrell Board Member	2 0 2 0	X						0	0	0
John M Gilchrist Jr Board Member	2 0 2 5	X						0	0	0
David F Hale Board Member	2 0 6 0	X						0	0	0
Paul J Hering Board Member	2 0 4 0	X						0	0	0
Maria Middaugh Assaraf Board Member	2 0 2 0	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			
Debra L Reed-Klages Board Member	2 0 2 0	X						0	0	0
Catherine J Mackey PHD Board Member	2 0 4 0	X						0	0	0
G Diego Miralles MD Board Member	2 0 4 0	X						0	0	0
Henry L Nordhoff Board Member	2 0 4 0	X						0	0	0
Tina S Nova PHD Board Member	2 0 6 0	X						0	0	0
Harry M Rady Board Member	2 0 4 0	X						0	0	0
Theodore D Roth Board Member	2 0 2 0	X						0	0	0
Scott N Wolfe Board Member	2 0 2 5	X						0	0	0
Jeffrey Jacobs Board Member (to 12/2017)	2 0 2 0	X						0	0	0
Donald J Rosenberg Board Member	2 0 2 0	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			
David A Brenner MD Ex-Officio Board Member	2 0 4 0	X						0	0	0
Keri Carstairs MD Ex-Officio	2 0 2 0	X						0	0	0
Daniela Carvalho MD Ex-Officio (To 12/2017)	2 0 2 0	X						0	0	0
Pradeep Kholsa PHD Ex-Officio Board Member	2 0 2 0	X						0	0	0
Elizabeth Rodriguez-Dias Ex-Officio Board Member	2 0 2 0	X						0	0	0
John Stobo MD Ex-Officio (to 8/2017)	2 0 2 0	X						0	0	0
Denise Suttner MD Ex-Officio	2 0 2 5	X						0	0	0
Andrew Zimmerman MD Ex-Officio (until 12/2017)	2 0 2 5	X						56,650	0	0
Margareta E Norton Exec VP, CAO, Secretary	45 5 4 5			X				907,620	0	80,125
Donald B Kearns MD MMM President & CEO	41 0 9 0			X				1,397,910	0	63,918

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			
Kathleen Cain Carrithers Sr VP, CFO,Treasurer	43 5 6 5			X				719,819	0	27,667
Gail L Knight MD Sr VP, CMO	47 5 2 5			X				620,902	0	11,407
Stephen Jennings SR VP Exec Director Foundation	0 0 50 0			X				0	528,388	56,304
Belinda Santos-Ramirez Assistant Secretary	45 5 4 5			X				117,724	0	30,773
Nicholas M Holmes Sr VP, COO	46 0 4 0			X				681,759	0	33,434
Chris Abe VP, Operations	50 0 0 0				X			308,686	0	99,514
Joseph Ambrose SR Dir, Chief Tech Officer	50 0 0 0				X			281,748	0	26,874
Scott D Campbell VP, CFO & Admin Officer - MPF	50 0 0 0				X			449,563	0	54,029
Charles B Davis Sr VP, MPF COO & Care redesign	50 0 0 0				X			553,489	0	49,066
Mary J Fagan VP, Patient Care Svcs/CNO	50 0 0 0				X			384,814	0	73,240

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			
Irvin A Kaufman Chief, Health Affairs	50 0 0 0				X			355,877	0	54,872
Joshua Kohrumel Chief Data Officer (CDO)	50 0 0 0				X			215,364	0	27,192
Cathy Nugent VP, Human Resources	50 0 0 0				X			309,992	0	189,902
Albert Oriol VP, Info Management/CIO	50 0 0 0				X			501,267	0	44,246
nishantha s ratnayake vp, finance & controller	50 0 0 0				X			326,626	0	31,983
Barbara L Ryan VP, Government Affairs	50 0 0 0				X			409,511	0	118,883
Angela M Viera VP, General Counsel	50 0 0 0				X			510,047	0	60,703
Charles Wilson Sr Dir, Chadwick Center	50 0 0 0				X			337,249	0	57,232
Glenn F Billman Chief Quality Officer	50 0 0 0					X		356,371	0	78,133
Michael Hester Sr Dir, Revenue Cycle	50 0 0 0					X		262,005	0	15,076

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			
Amanda Carlson Nurse Practitioner, Neonatal	50 0 0 0					X		246,188	0	171,338
Teresita P Diaz Clinical Nurse III	50 0 0 0					X		246,990	0	75,673
Kristin Gist Sr Dir, Developmental Services	50 0 0 0					X		239,286	0	119,490

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

2017

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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2017. 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—2016.** 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—2017.** 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—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
	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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	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).

2 Activities Test. Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	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? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b	

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

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

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

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

Facts And Circumstances Test

SCHEDULE C

(Form 990 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

2017

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 RADY CHILDREN'S HOSPITAL - SAN DIEGO	Employer identification number 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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		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		213,949
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			213,949
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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493135117159	
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 2017 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 ► \$					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
Cat No 52283D		Schedule D (Form 990) 2017			

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	101,712,762	93,441,640	77,890,677	76,459,422	66,856,590
b Contributions	6,622,916	2,751,574	19,892,990	3,208,716	3,840,383
c Net investment earnings, gains, and losses	6,082,110	9,143,887	-1,413,872	1,216,883	8,518,179
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	4,360,156	3,522,210	2,851,124	2,924,611	2,621,634
f Administrative expenses	108,001	102,129	77,031	69,733	134,096
g End of year balance	109,949,631	101,712,762	93,441,640	77,890,677	76,459,422

2

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

a

Board designated or quasi-endowment ▶ 61 840 %

b

Permanent endowment ▶ 33 070 %

c

Temporarily restricted endowment ▶ 5 090 %

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)	Yes	
3a(ii)	Yes	
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	0	19,590,822		19,590,822
b Buildings	0	591,837,698	253,162,671	338,675,027
c Leasehold improvements		8,952,382	5,394,775	3,557,607
d Equipment		220,229,682	158,929,959	61,299,723
e Other		67,930,633	3,472,736	64,457,897
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				487,581,076

Schedule D (Form 990) 2017

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)	▶ 486,853,988	

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
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 126,399,437

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 category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(A) EMPYREAN CAPITAL OFFSHORE FUND	26,433,275	F
(A) THIRD POINT OFFSHORE FUND, LTD	24,075,009	F
(B) DW CATALYST FUND	21,159,257	F
(C) OCH-ZIFF CREDIT OPPORTUNITIES	26,208,961	F
(D) 36 SOUTH	25,573,811	F
(E) TSE CAPITAL	25,566,865	F
(F) SOROBAN OPPORTUNITIES FUND	28,677,926	F
(G) VISIUM BALANCED FUND	635,967	F
(H) THE CAMOX FUND	47,898,202	F
(I) SUVRETTA OFFSHORE FUND LTD	24,370,254	F

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(K) HIGHLINE SELECT	25,258,712	F
(A) MARSHALL WACE EUREKA	29,139,605	F
(B) THE CHILDREN'S INVESTMENT FUND	20,783,131	F
(C) TAMARACK GLOBAL HEALTHCARE FUN	31,260,366	F
(D) AMERICAN SECURITIES PARTNERS V	1,906,687	F
(E) STEPSTONE SECONDARY OPPORTUNIT	2,978,475	F
(F) STEPSTONE ENDURANCE LP	405,758	F
(G) GOLDMAN SACHS VINTAGE FUND IV,	1,606,189	F
(H) TRG GROWTH PARTNERSHIP	2,274,475	F
(I) CVC CREDIT PARTNERS GLOBAL SPE	4,644,818	F

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(U) GOLDMAN SACHS CAPITAL PARTNERS	940,742	F
(A) FORTISSIMO CAPITAL FUND IV	3,098,975	F
(B) YORKTOWN ENERGY PARTNERS IX	1,586,696	F
(C) AMERICAN SECURITIES PARTNERS V	2,335,173	F
(D) AMERICAN SECURITIES PARTNERS V	4,250,984	F
(E) MILLENNIUM TECHNOLOGY VALUE PA	2,502,667	F
(F) STEPSTONE SECONDARY OPPORTUNIT	2,939,247	F
(G) AMERICAN INDUSTRIAL PARTNERS C	5,654,716	F
(H) PATRIA BRAZILIAN PRIVATE EQUIT	2,785,057	F
(I) WHITE DEER ENERGY II	4,729,722	F

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(AE) RIDGEMONT EQUITY PARTNERS ENER	3,165,906	F
(A) NY LIFE INSURANCE - ROBERT LIP	37,981	F
(B) OAKTREE EUROPEAN PRINCIPAL FUN	3,452,521	F
(C) PATRIA BRAZILIAN PRIVATE EQUIT	1,053,479	F
(D) VISTA EQUITY PARTNERS V	6,162,573	F
(E) TPG PARTNERS VII	8,576,275	F
(F) AMERICAN INDUSTRIAL PARTNERS C	2,902,925	F
(G) ADVENT INTERNATIONAL GPE VIII?	2,529,123	F
(H) KOPERNIK	23,316,072	F
(I) U S FARMING	5,172,011	F

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(AO) ACTIS ENERGY 3	3,043,117	F
(A) RIVERSTONE GLOBAL ENERGY AND P	5,187,067	F
(B) ISQ GLOBAL FUND	6,033,132	F
(C) ENCAP ENERGY	2,718,571	F
(D) STEPSTONE SECONDARY OPPORTUNIT	4,447,839	F
(E) PRIMAVERA III	2,975,400	F
(F) GLOBAL INFRASTRUCTURE PARTNERS	4,398,274	F

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

1	(a) Description of Liability	(b) Book Value
	PAYABLE TO BENEFICIARIES	316,344
	INTEREST RATE SWAPS	51,114,707
	DEFERRED COMPENSATION	15,915
	MALPRACTICE IBNR	4,250,987
	BENEFITS PAYABLE	17,251,306
	SANFORD INVSTMNT OCEANSIDE BUI	2,948,673
	SECURITY DEPOSITS	100,731
	PENSION LIABILTY	47,208,566
	CONTRACTOR RETAINAGE	1,750,719
	DEFERRED LEASE LIABILITY - LT	1,441,489

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 more 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. RCHHC records liabilities for unrecognized tax benefits from uncertain tax positions as discrete 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 asset) has been recognized as of June 30, 2018.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No 1545-0047

2017

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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					305,196,107
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					305,196,107

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	135,000	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 1

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, do not file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* ☐ Yes ☒ No

Part V **Supplemental Information**

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

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		278,265,562
Europe (Including Iceland and Greenland)			Investments		26,795,545

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America			Grantmaking		135,000

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SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury

► 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.

Internal Revenue Service

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

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

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

☐ 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

☐ 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

5b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

No

5c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

6b

If "Yes," did the organization make it available to the public?

6b

Yes

7

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,194,227	83,462	1,110,765	0 100 %
b Medicaid (from Worksheet 3, column a)			429,891,600	443,950,307	-14,058,707	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			5,273,362	2,217	5,271,145	0 470 %
d Total Financial Assistance and Means-Tested Government Programs			436,359,189	444,035,986	-7,676,797	0 570 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			36,579,621	22,213,544	14,366,077	1 290 %
f Health professions education (from Worksheet 5)			19,092,862	6,063,748	13,029,114	1 170 %
g Subsidized health services (from Worksheet 6)			35,061,086	13,878,218	21,182,868	1 910 %
h Research (from Worksheet 7)			19,497,413	13,809,008	5,688,405	0 510 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			10,042		10,042	0 %
j Total. Other Benefits			110,241,024	55,964,518	54,276,506	4 880 %
k Total. Add lines 7d and 7j			546,600,213	500,000,504	46,599,709	5 450 %

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

Cat No 50192T

Schedule H (Form 990) 2017

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			812,777	556,750	256,027	
9 Other						
10 Total			812,777	556,750	256,027	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2		
	16,973,865		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3		
	4,827,367		
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	1,759,272
6 Enter Medicare allowable costs of care relating to payments on line 5	6	2,737,179
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-977,907
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

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

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

1

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

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	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)
 Rady Children's Hospital San Diego

Name of hospital facility or letter of facility reporting group _____

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

1

Community Health Needs Assessment

	Yes	No
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 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
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 <u>16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 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? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a ☒ Hospital facility's website (list url) <u>See Part V Section C</u>		
b ☐ Other website (list url) _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10 Yes	
a If "Yes" (list url) <u>SEE PART V SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	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? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
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? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a ☒ 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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
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 nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a ☐ 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 _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☒ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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.

[illegible]

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? **21**

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
Schedule 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 Children's 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 2018 (July 1, 2017 through June 30, 2018) 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

Schedule H (Form 990) 2017

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

Form and Line Reference	Explanation
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
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 County Childhood Obesity Initiative (COI) since its inception in 2004. The COI is a countywide collaborative that strives to reduce and prevent childhood obesity through a multi-pronged approach. Through the COI, Rady Childrens collaborates with other healthcare leaders, San Diego County Health and Human Services, and other partners in the community. Rady Childrens provides staff and medical leadership to support the COI. o Weight and Wellness Program - Clinician feedback has identified that there are not adequate community-based resources available to address this need. The Center for Healthier Communities plans to develop a pilot a new program to provide tailored nutrition education, food preparation and physical activity for overweight youth. Clinicians and others can refer overweight and obese youth and their families to this program. o Lets Get Cooking - Rady Childrens has a long history of participating in the City Heights Wellness Center (Wellness Center) in collaboration with Scripps Health. The Wellness Center Teaching Kitchen serves as the site for Lets Get 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 resources 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 continue 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 health need regarding mental and behavioral health are being addressed through the following strategies and programs. o Depression Screening - A Depression Risk Screening (PHQ9) is provided to all patients at Rady Childrens, ages 12 and over, visiting a Medical Practice Foundation (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 are 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 management.

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

Form and Line Reference	Explanation
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 unit 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
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 including 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 child's 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 Implem entation Strategy Needs not addressed Rady Children's is not addressing cardiovascular d isease for the pediatric population as it was identified in the chna as a top health need for the adult population, not pediatric Rady Children's provides cardiology, cardiovascul ar and other related medical s

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

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

Form and Line Reference	Explanation
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

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

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

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

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

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

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

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

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

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As Filed Data -

DLN: 93493135117159

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2017

Open to Public Inspection

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.

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rady Children's Hospital and Health Center 3020 Childrens Way Mc 5001 San Diego, CA 921234282	95-3545901	501(c)(3)	2,571,158				Support RCHHC
UCSD 9500 Gilman Drive La Jolla, CA 92093	95-6006144	501(c)(3)	2,780,000				support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
La Maestra Family Clinic 4060 Fairmount Avenue San Diego, CA 92105	33-0473171	501(c)(3)	40,000				support

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- 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.**

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

Employer identification number
95-1691313

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☒ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

1b Yes 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 Yes 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 Yes No

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b Yes No

c Participate in, or receive payment from, an equity-based compensation arrangement?

4c Yes 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 Yes No

b Any related organization?

5b Yes 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 Yes No

b Any related organization?

6b Yes 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 nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

7 Yes No

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

8 Yes 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 Yes No

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.

See Additional Data Table**Schedule J (Form 990) 2017**

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 six OFFICERS AND ten 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			(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				
1Margareta E Norton Exec VP, CAO, Secretary	(i)	618,549	166,723	122,348	71,509	8,616	987,745	0
	(ii)	0	0	0	0	0	0	0
1Chris Abe VP, Operations	(i)	254,113	18,872	35,701	87,410	12,104	408,200	0
	(ii)	0	0	0	0	0	0	0
2Joseph Ambrose SR Dir, Chief Tech Officer	(i)	258,058	18,208	5,482	8,250	18,624	308,622	0
	(ii)	0	0	0	0	0	0	0
3Scott D Campbell VP, CFO & Admin Officer - MPF	(i)	320,392	83,015	46,156	34,998	19,031	503,592	0
	(ii)	0	0	0	0	0	0	0
4Charles B Davis Sr VP, MPF COO & Care redesign	(i)	408,541	103,117	41,831	45,412	3,654	602,555	0
	(ii)	0	0	0	0	0	0	0
5Mary J Fagan VP, Patient Care Svcs/CNO	(i)	291,501	51,377	41,936	60,832	12,408	458,054	0
	(ii)	0	0	0	0	0	0	0
6Irvin A Kaufman Chief, Health Affairs	(i)	285,243	21,278	49,356	50,136	4,736	410,749	0
	(ii)	0	0	0	0	0	0	0
7Joshua Kohrumel Chief Data Officer (CDO)	(i)	195,158	14,412	5,794	17,255	9,937	242,556	0
	(ii)	0	0	0	0	0	0	0
8Cathy Nugent VP, Human Resources	(i)	238,502	57,303	14,187	187,096	2,806	499,894	0
	(ii)	0	0	0	0	0	0	0
9Albert Oriol VP, Info Management/CIO	(i)	359,915	89,097	52,255	26,138	18,108	545,513	0
	(ii)	0	0	0	0	0	0	0
10nishantha s ratnayake vp, finance & controller	(i)	240,729	61,683	24,214	22,406	9,577	358,609	0
	(ii)	0	0	0	0	0	0	0
11Barbara L Ryan VP, Government Affairs	(i)	287,613	73,032	48,866	111,208	7,675	528,394	0
	(ii)	0	0	0	0	0	0	0
12Angela M Viera VP, General Counsel	(i)	366,697	94,217	49,133	47,956	12,747	570,750	0
	(ii)	0	0	0	0	0	0	0
13Charles Wilson Sr Dir, Chadwick Center	(i)	285,208	13,206	38,835	43,683	13,549	394,481	0
	(ii)	0	0	0	0	0	0	0
14Glenn F Billman Chief Quality Officer	(i)	330,260	15,816	10,295	53,256	24,877	434,504	0
	(ii)	0	0	0	0	0	0	0
15Michael Hester Sr Dir, Revenue Cycle	(i)	239,945	17,644	4,416	7,856	7,220	277,081	0
	(ii)	0	0	0	0	0	0	0
16Amanda Carlson Nurse Practitioner, Neonatal	(i)	228,612	13,709	3,867	170,592	746	417,526	0
	(ii)	0	0	0	0	0	0	0
17Teresita P Diaz Clinical Nurse III	(i)	239,008	3,850	4,132	64,885	10,788	322,663	0
	(ii)	0	0	0	0	0	0	0
18Kristin Gist Sr Dir, Developmental Services	(i)	214,709	14,997	9,580	106,448	13,042	358,776	0
	(ii)	0	0	0	0	0	0	0
19Donald B Kearns MD MMM President & CEO	(i)	912,312	347,198	138,400	44,689	19,229	1,461,828	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21Kathleen Cain Carrithers Sr VP, CFO,Treasurer	(i)	474,229	123,801	121,789	8,250	19,417	747,486	0
	(ii)	0	0	0	0	0	0	0
1Gail L Knight MD Sr VP, CMO	(i)	473,136	129,278	18,488	8,250	3,157	632,309	0
	(ii)	0	0	0	0	0	0	0
2Stephen Jennings SR VP Exec Director Foundation	(i)	0	0	0	31,301	25,003	56,304	0
	(ii)	365,513	100,000	62,875	0	0	528,388	0
3Nicholas M Holmes Sr VP, COO	(i)	497,186	137,378	47,195	8,250	25,184	715,193	0
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

2017

Open to Public Inspection

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	130795VTI	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	999999999	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		8,185,000		52,705,000		1,615,000	
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								
		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 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

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Schedule K
(Form 990)

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
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	999999999	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		3,475,000					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	50,580,000		61,596,429					
4	Gross proceeds in reserve funds	0		0					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrows	0		0					
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		60,659,589					
12	Other unspent proceeds	0		1					
13	Year of substantial completion								
		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).

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.

OMB No 1545-0047

2017

Open to Public Inspection

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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) Stephen Jennings	Officer	See Part IV		X	80,000	14,666		No	Yes		Yes	
Total						\$ 14,666						

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)	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 .	OMB No 1545-0047 2017 Open to Public Inspection
Department of the Treasury Internal Revenue Service Name of the organization RADY CHILDREN'S HOSPITAL - SAN DIEGO		Employer identification number 95-1691313

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part I, Line 7b	Part I, Line 7b includes section 512(a)(7) qualified transportation fringe benefit amounts that are not revenue and therefore not reported on Form 990 Part VI, Section A, Line 6 R ady Children's Hospital and Health Center (RCHHC) is the sole member as that term is defin ed in California Corporations Code 5056 ("Member") of Rady Children's Hospital - San Diego (RCHSD) PART VI, SECTION A LINES 7A AND 7B THE RCHSD BOARD OF DIRECTORS CONSISTS OF THOS E 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 TH E MEMBER TO BE EFFECTIVE O ANY AMENDMENT, REVISION, MODIFICATION OF THE ARTICLES OF INCOR PORATION OR THE BYLAWS O ANY CHANGE IN THE NATURE OF THE BUSINESS ACTIVITIES OF RCHSD O AP PROVAL OF OPERATING AND CAPITAL BUDGETS OF RCHSD O BORROWING ANY AMOUNT OR INCURRING ANY D EBT IN THE AMOUNT OF \$100,000 OR MORE O MAKING OR INCURRING ANY UNBUDGETED EXTRAORDINARY O R 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 B Y 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, CONTRA CT TO SELL OR BILL OF SALE OF THE PROPERTY OF RCHSD, EXCEPT IN THE ORDINARY COURSE OF BUSI NESS O ACQUIRE, PURCHASE, DEVELOP, IMPROVE, SELL, LEASE OR MORTGAGE ANY CORPORATE REAL ES TATE 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 BUSINESS RELATING TO ITS NORMAL DAILY OPERATION PART VI, SECTION B, LINE 11A REVIEW OF FORM 990 T HE FORM 990 WAS REVIEWED BY THE CFO AND THEN PROVIDED TO THE ORGANIZATION'S AUDIT AND CORP ORATE 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 T HE 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 policy and disclosure statement is distributed to all Board members, officers, and key employees and medical staff leaders. All completed and signed statements are returned to the Corporate Compliance Officer for review. If a person discloses a potential or actual conflict of interest, the person 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. Financial interest disclosures by key employees and medical staff leaders are reviewed by the Corporate 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 Executive 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 Compliance 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 Hospital - San Diego working through the Board Compensation Committee has a process for establishing, reviewing and approving compensation of officers and key employees of the organization on a no less than an annual basis. The Compensation Committee is comprised of independent, lay members of the Board of Trustees. Prior to conducting its review, the Chair of 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 recuses 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 independent compensation consultant to provide comparability data to the committee. Total compensation 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 with the disqualified person (including the date the arrangement was approved), (2) a list of 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 15,683,985 Change in split interest agreements (12,621) INTERCOMPANY SETTLEMENT (1,482,815) CHANGE IN DEFINED BENEFIT COST 21,213,281 ===== ===== Total 35,401,830

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYSICIAN SERVICES TOTAL FEES 191392920

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED SERVICES - MEDICAL TOTAL FEES 45639814

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED INSURANCE SERVICES TOTAL FEES 50333271

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION LEASED LABOR NON-PHYSICIAN TOTAL FEES 32527321

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED SERVICES UCSD TOTAL FEES 17689676

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION RCPMS PURCHASED LABOR TOTAL FEES 1244722

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION MISCELLANEOUS MEDICAL SERVICES TOTAL FEES 4357366

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

2017

Open to Public Inspection

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

Employer identification number
95-1691313

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	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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

Yes

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

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			

Schedule R (Form 990) 2017

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.

[illegible]

Part VII **Supplemental Information**

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