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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021

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

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

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
3020 CHILDRENS WAY MC 5001

City or town, state or province, country, and ZIP or foreign postal code
SAN DIEGO, CA 921234282

D Employer identification number
95-1691313

E Telephone number
(858) 576-1700

G Gross receipts $ 1,893,260,030

F Name and address of principal officer:
PATRICIO A FRIAS MD
3020 CHILDRENS WAY
MC SAN DIEGO, CA 921234282

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.RCHSD.ORG

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

L Year of formation: 1954

M State of legal domicile: CA

Part I Summary

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

2 Check this box ▶ ☐

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	26
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	5,891
6	Total number of volunteers (estimate if necessary)	**6**	525
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,065,791
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	97,611,136	138,071,860
9	Program service revenue (Part VIII, line 2g)	1,125,744,151	1,086,576,280
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,802,927	83,171,647
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,724,178	16,058,698
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,259,882,392	1,323,878,485
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,537,109	5,663,815
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	484,620,749	505,852,155
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶105,125		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	654,288,601	655,483,194
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,143,446,459	1,166,999,164
19	Revenue less expenses. Subtract line 18 from line 12	116,435,933	156,879,321

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,427,505,044	3,154,030,389
21	Total liabilities (Part X, line 26)	955,658,395	1,144,047,054
22	Net assets or fund balances. Subtract line 21 from line 20	1,471,846,649	2,009,983,335

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date: 2022-05-13

JAMES J ULI JR CFO/TREASURER
Type or print name and title

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if	PTIN

Paid Preparer Use Only			
			Check ☐ if self-employed P00742579
	Firm's name ▶ KPMG LLP		Firm's EIN ▶ 13-5565207
	Firm's address ▶ MISSION TOWERS I 3975 FREEDOM CIRCLE DR SANTA CLARA, CA 95054		Phone no. (408) 367-5764

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2020)

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 $ 925,707,297 including grants of $ 5,389,098) (Revenue $ 1,086,576,280)

SEE SCHEDULE ORADY 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 3 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, AN 18-BED LEVEL 3 NEONATAL INTENSIVE CARE UNIT FOR SCRIPPS MEMORITAL 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 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 15,000 INPATIENT ADMISSIONS AND APPROXIMATELY 344,000 VISITS PER YEAR IN ITS OUTPATIENT DEPARTMENTS. ADDITIONALLY, THE EMERGENCY DEPARTMENT AND URGENT CARE CENTERS PROVIDE APPROXIMATELY 65,000 AND 24,000 VISITS, RESPECTIVELY, PER YEAR.

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** ▶ 925,707,297

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
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	

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

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *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*	**23**	Yes	

	Schedule J			
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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	**26**	Yes	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	**1a**	708		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c** Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	5,891		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b** Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a** Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			**3b** Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶				

	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	**15**	Yes	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		No

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	26		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	26		
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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶NISHANTHA RATNAYAKE 3020 CHILDRENS WAY MC 5001 SAN DIEGO, CA 921234282 (858) 576-1700

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) S DOUGLAS HUTCHESON CHAIR	4.00 12.00	X		X				0	0	0
(2) PAUL J HERRING VICE CHAIR	4.00 8.00	X						0	0	0
(3) LISA A BARKETT BOARD MEMBER	2.00 2.00	X						0	0	0
(4) MARTIN BROTMAN MD BOARD MEMBER	2.00 2.00	X						0	0	0
(5) BRIDGETT M BROWN BOARD MEMBER	2.00 6.00	X						0	0	0
(6) MICHAEL J FARRELL BOARD MEMBER	2.00 2.00	X						0	0	0
(7) MICHAEL A FRIEDMAN MD BOARD MEMBER (FROM 03/2021)	2.00 2.00	X						0	0	0
(8) JOHN M GILCHRIST JR BOARD MEMBER	2.00 4.00	X						0	0	0
(9) DAVID F HALE BOARD MEMBER	2.00 6.00	X						0	0	0
(10) DEBRA L REED-KLAGES BOARD MEMBER	2.00 2.00	X						0	0	0
(11) CATHERINE J MACKEY PHD BOARD MEMBER	2.00 4.00	X						0	0	0
(12) DIEGO G MIRALLES MD BOARD MEMBER	2.00 4.00	X						0	0	0
(13) HENRY L NORDHOFF BOARD MEMBER	2.00 4.00	X						0	0	0
(14) TINA S NOVA PHD BOARD MEMBER	2.00 6.00	X						0	0	0
(15) HARRY M RADY BOARD MEMBER	2.00 4.00	X						0	0	0
(16) THEODORE D ROTH BOARD MEMBER	2.00 2.00	X						0	0	0
(17) DONALD J ROSENBERG BOARD MEMBER	2.00 4.00	X						0	0	0

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

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

		ial trustee tor	ional Trustee		ployee	e compensated				
(18) BYRON SCOTT MD BOARD MEMBER (FROM 03/2021)	2.00 2.00	X						0	0	0
(19) MICHAEL R STONE BOARD MEMBER (FROM 03/2021)	2.00 2.00	X						0	0	0
(20) VANESSA V WERTHAM PHD BOARD MEMBER	2.00 2.00	X						0	0	0
(21) SCOTT N WOLFE BOARD MEMBER	2.00 4.00	X						0	0	0
(22) DAVID A BRENNER MD EX-OFFICIO BOARD MEMBER	2.00 4.00	X						0	0	0
(23) ANDREW J SKALSKY MD EX-OFFICIO BOARD MEMBER	2.00 2.00	X						0	0	0
(24) PRADEEP KHOSLA PHD EX-OFFICIO BOARD MEMBER	2.00 2.00	X						0	0	0
(25) JOHN STOBO MD EX-OFFICIO BOARD MEMBER	2.00 2.00	X						0	0	0
(26) GEORGE CHIANG MD EX-OFFICIO BOARD MEMBER (FROM 01/20)	2.00 3.00	X						0	0	0
(27) PATRICK FRIAS MD PRESIDENT & CEO	29.00 11.00			X				1,468,731	0	37,494
(28) JAMES J ULI JR SVP, CFO, TREASURER (FROM 03/20)	31.00 9.00			X				609,574	0	18,167
(29) ANGELA M VIEIRA GENERAL COUNSEL (FROM 03/20)	35.00 5.00			X				579,301	0	79,414
(30) BELINDA SANTOS-RAMIREZ BOARD ADMIN & CHIEF OF STAFF	35.00 5.00			X				129,987	0	28,382
(31) NICHOLAS M HOLMES SR VP, COO	35.00 5.00			X				817,492	0	38,095
(32) JILL STRICKLAND SR VP, CAO	32.00 8.00			X				271,827	0	6,818
(33) GAIL L KNIGHT MD SR VP, CMO	37.00 3.00			X				806,411	0	12,132
(34) STEPHEN JENNINGS SR VP, EXEC DIR FOUNDATION	0.00 40.00			X				0	643,427	75,931
(35) CHRIS ABE VP, OPERATIONS	40.00 0.00				X			439,768	0	106,052
(36) SCOTT D CAMPBELL VP, CFO & ADMIN OFFICER - MPF	40.00 0.00				X			482,488	0	71,738
(37) CHARLES B DAVIS SR VP, MPF COO & CARE REDESIGN	40.00 0.00				X			699,054	0	67,275
(38) MARY J FAGAN VP, PATIENT CARE SVCS/CNO	40.00 0.00				X			470,483	0	93,550
(39) CHRISTINA GALBO CHIEF COMPL & PRIV OFFICER	40.00 0.00				X			226,054	0	55,929
(40) MEREDITH LURIE VP, STRATEGIC AND ORG PLANNING	40.00 0.00				X			330,021	0	70,424
(41) CATHY NUGENT VP, HUMAN RESOURCES	40.00 0.00				X			486,895	0	109,743
(42) ALBERT ORIOL VP, INFO MGMT/CIO	40.00 0.00				X			546,809	0	60,591
(43) NISHANTHA S RATNAYAKE VP, FINANCE & CONTROLLER	40.00 0.00				X			383,190	0	44,945
(44) BARBARA L RYAN VP, GOVERNMENT AFFAIRS	40.00 0.00				X			438,886	0	128,614
(45) GLENN F BILLMAN CHIEF QUALITY OFFICER	40.00 0.00					X		427,555	0	84,806
(46) MICHAEL HESTER SR DIR, REVENUE CYCLE	40.00 0.00					X		290,628	0	22,991
(47) GLIDA E RECODO CLINICAL NURSE II	40.00 0.00					X		290,907	0	20,318

CLINICAL NURSE II	0.00									
(48) MARK SEY	40.00					X		292,127	0	21,261
PHARMACIST IN CHIEF	0.00									
(49) SCOTT A VOIGTS	40.00					X		292,996	0	10,985
SR DIR, CHIEF TECH OFFICER	0.00									
(50) KATHLEEN M CAIN	16.00						X	289,442	0	13,191
SVP, CFO, TREASURER (THRU 02/20)	4.00									
(51) MARGARETA E NORTON	20.00						X	1,134,424	0	-66,096
EXEC VP, CAO, SECRETARY (THRU 02/20)	0.00									
(52) DONALD B KEARNS MD MMM	14.00						X	678,312	0	22,218
PRESIDENT EMERITUS	6.00									
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								12,883,362	643,427	1,234,968

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 ▶ 1,367

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CHILDREN'S SPECIALISTS OF SAN DIEGO 3020 CHILDRENS WAY MC 5001 SAN DIEGO, CA 92123	MEDICAL SERVICES	132,403,655
THE REGENTS OF THE UNIVERSITY OF CALIFOR 9500 GILMAN DRIVE LA JOLLA, CA 92093	MEDICAL SERVICES	40,786,645
CHILDREN'S PHYSICIANS MEDICAL GROUP 5855 COPLEY DRIVE SUITE 100 SAN DIEGO, CA 92111	MEDICAL SERVICES	31,495,986
HUMAN CAPITAL SELECT LLC 2680 S VAL VISTA DRIVE SUITE 161 GILBERT, AZ 85295	AGENCY LABOR	11,036,964
SCRIPPS MEMORIAL HOSPITAL LA JOLLA 9888 GENESEE AVENUE LA JOLLA, CA 92037	MEDICAL SERVICES	9,923,253

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 399

Form **990** (2020)

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	derated campaigns . . **1a**				
	embership dues . . **1b**				
	indraising events . . **1c**				
	lated organizations **1d** 81,218,180				
	vernment grants (contributions) **1e** 50,297,081				
	All other contributions, gifts, grants, and similar amounts not included above **1f**				

6,556,599

g Noncash contributions included in lines 1a - 1f:$ **1g**

h Total. Add lines 1a-1f . . . . . ▶ 138,071,860

		Business Code				
Program Service Revenue	**2a** NET PATIENT SERVICE RE	622110	1,063,635,999	1,063,635,999		
	b OUTPATIENT PHARMACEUTI	622110	7,881,554	7,881,554		
	c MEDICAL OFFICE BUILDIN	622110	4,427,805	4,427,805		
	d MEDICAL SERVICES REIMB	622110	3,463,664	3,463,664		
	e					
	f All other program service revenue.		7,167,258	7,167,258		
	g Total. Add lines 2a–2f. . . . ▶	1,086,576,280				
	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		18,098,100			18,098,100
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties . . . . . ▶					

		(i) Real	(ii) Personal				
	6a Gross rents	**6a** 1,440,945					
	b Less: rental expenses	**6b** 0					
	c Rental income or (loss)	**6c** 1,440,945					
	d Net rental income or (loss) . . . . . ▶			1,440,945			1,440,945

		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	**7a** 634,455,092					
	b Less: cost or other basis and sales expenses	**7b** 569,381,545					
	c Gain or (loss)	**7c** 65,073,547					
	d Net gain or (loss) . . . . . ▶			65,073,547			65,073,547
Other Revenue	**8a** Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	**8a**					
	b Less: direct expenses . . .	**8b**					
	c Net income or (loss) from fundraising events . . ▶						
	9a Gross income from gaming activities. See Part IV, line 19 . . .	**9a**					
	b Less: direct expenses . . .	**9b**					
	c Net income or (loss) from gaming activities . . ▶						
	10a Gross sales of inventory, less returns and allowances . .	**10a**					
	b Less: cost of goods sold . .	**10b**					
	c Net income or (loss) from sales of inventory . . ▶						

Miscellaneous Revenue	Business Code				
11a TPA SERVICES	900099	6,793,100			6,793,100
b PARKING	812930	1,817,739			1,817,739
c FOOD SERVICE REVENUE	721000	1,724,794			1,724,794
d All other revenue		4,282,120		2,065,791	2,216,329
e Total. Add lines 11a–11d . . . . . ▶		14,617,753			

12 Total revenue. See instructions ▶	1,323,878,485	1,086,576,280	2,065,791	97,164,554

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	5,389,098	5,389,098		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	274,717	274,717		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	8,714,237	2,044,123	6,564,989	105,125
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	380,091,184	274,548,652	105,542,532	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	44,794,986	31,557,052	13,237,934	
9 Other employee benefits	42,408,353	29,875,723	12,532,630	
10 Payroll taxes	29,843,395	21,023,995	8,819,400	
11 Fees for services (non-employees):				
a Management	7,210,865	2,027,057	5,183,808	
b Legal	606,455	23,032	583,423	
c Accounting	481,930		481,930	
d Lobbying	130,918		130,918	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,303,091		1,303,091	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	373,419,025	345,956,196	27,462,829	
12 Advertising and promotion	1,552,091	634,934	917,157	
13 Office expenses	2,051,074	989,717	1,061,357	
14 Information technology	16,328,223	1,896,691	14,431,532	
15 Royalties				
16 Occupancy	14,613,984	11,691,187	2,922,797	
17 Travel	452,686	336,541	116,145	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	481,792	99,672	382,120	
20 Interest	14,936,569	11,949,255	2,987,314	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	44,077,907	28,650,640	15,427,267	
23 Insurance	13,718,631	81,503	13,637,128	
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	107,520,177	107,520,177		
b TAXES AND LICENSES	28,767,063	27,132,434	1,634,629	
c REPAIRS	6,411,698	1,209,619	5,202,079	
d DUES AND SUBSCRIPTIONS	2,386,042	2,386,042		
e All other expenses	19,032,973	18,409,240	623,733	
25 **Total functional expenses.** Add lines 1 through 24e	1,166,999,164	925,707,297	241,186,742	105,125
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X **Balance Sheet**

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		210,341,413	1	124,181,860
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		187,572,375	4	173,334,496
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		231,034	5	212,109
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		105,031	7	93,729
	8	Inventories for sale or use		9,346,494	8	10,629,863
	9	Prepaid expenses and deferred charges		27,228,332	9	35,345,481
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,025,049,919			
	b	Less: accumulated depreciation	10b 548,558,252	471,952,826	10c	476,491,667
	11	Investments—publicly traded securities		1,260,259,393	11	2,008,686,205
	12	Investments—other securities. See Part IV, line 11		143,097,007	12	206,461,266
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets		713,000	14	608,000
	15	Other assets. See Part IV, line 11		116,658,139	15	117,985,713
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		2,427,505,044	16	3,154,030,389
Liabilities	17	Accounts payable and accrued expenses		181,663,692	17	210,981,900
	18	Grants payable			18	
	19	Deferred revenue		95,706,201	19	200,076,372
	20	Tax-exempt bond liabilities		356,648,260	20	262,243,361
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		321,640,242	25	470,745,421
	26	**Total liabilities.** Add lines 17 through 25		955,658,395	26	1,144,047,054
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ▶ ☑ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		1,371,514,207	27	1,868,738,821
	28	Net assets with donor restrictions		100,332,442	28	141,244,514
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		1,471,846,649	32	2,009,983,335
	33	Total liabilities and net assets/fund balances		2,427,505,044	33	3,154,030,389

Part XI **Reconcilliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,323,878,485
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,166,999,164
3	Revenue less expenses. Subtract line 2 from line 1	3	156,879,321
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,471,846,649

5	Net unrealized gains (losses) on investments	5	297,110,885
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	84,146,480
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,009,983,335

Part XII **Financial Statements and Reporting**

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

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

Form **990** (2020)

Form 990 (2020)

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

efile Public Visual Render | ObjectId: 202231339349309868 - Submission: 2022-05-13 | TIN: 95-1691313

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

Employer identification number
95-1691313

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

f Enter the number of supported organizations . . . . . .

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** 2020	**(f)** Total
7 Amounts from line 4. .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						

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

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2019 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2020.** 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—2019.** 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—2020.** 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—2019.** 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 . . . . . ▶ ☐

Schedule A (Form 990 or 990-EZ) 2020

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)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** 2020	**(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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2020.** 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—2019.** 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 . . . . ▶ ☐

Schedule A (Form 990 or 990-EZ) 2020

Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI,** including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***	6		

7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	**7**		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	**8**		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	**9a**		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	**9b**		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	**9c**		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	**10a**		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	**10b**		

Schedule A (Form 990 or 990-EZ) 2020

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 lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in 11a above?	**11b**		
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI****.*	**11c**		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b 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? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		

b	Did the activities described in line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations?*If "Yes" or "No", provide details in **Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in **Part VI.** the role played by the organization in this regard.*	**3b**		

Schedule A (Form 990 or 990-EZ) 2020

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 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	**1**		
2 Enter 85% of line 1	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	**3**		
4 Enter greater of line 2 or line 3	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	

3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 Total annual distributions. Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2020 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. 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 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

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Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

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

Employer identification number
95-1691313

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
RADY CHILDREN'S HOSPITAL - SAN DIEGO

Employer identification number
95-1691313

Part I **Contributors** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			☐ Person

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	$ RESTRICTED	Payroll Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	Person Payroll Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	Person Payroll Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	Person Payroll Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	Person Payroll Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page 3

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Page **3**

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

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page 4

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Page **4**

Name of organization
RADY CHILDREN'S HOSPITAL - SAN DIEGO

Employer identification number
95-1691313

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.)** ▶ **$**

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Cat. No. 50084S **Schedule C (Form 990 or 990-EZ) 2020**

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)** 2017	**(b)** 2018	**(c)** 2019	**(d)** 2020	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		130,918
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			130,918
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
PART II-B, LINE 1:	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.

Schedule C (Form 990 or 990EZ) 2020

Additional Data

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Software Version:

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

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 7/25/06, 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

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

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

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

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

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

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

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

a ☐ Public exhibition
d ☐ Loan or exchange programs

Public exhibition

Loan or exchange programs

b ☐ Scholarly research

e ☐ Other .....

c ☐ Preservation for future generations

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	114,591,220	112,673,421	109,949,631	101,712,762	93,441,640
b Contributions . . .	4,258,030	5,561,460	4,481,919	6,622,916	2,751,574
c Net investment earnings, gains, and losses	29,121,590	701,427	2,755,878	6,082,110	9,143,887
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .	3,568,781	4,235,454	4,421,460	4,360,156	3,522,210
f Administrative expenses	70,538	109,634	92,547	108,001	102,129
g End of year balance	144,331,521	114,591,220	112,673,421	109,949,631	101,712,762

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

a Board designated or quasi-endowment ▶ 55.330 %

b Permanent endowment ▶ 32.230 %

c Term endowment ▶ 12.440 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		19,590,822		19,590,822
b Buildings		643,041,582	317,442,939	325,598,643
c Leasehold improvements		14,307,865	8,683,001	5,624,864
d Equipment		307,002,770	218,239,818	88,762,952
e Other		41,106,880	4,192,494	36,914,386
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				476,491,667

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ACTIS ENERGY 3	1,810,867	F
(B) ADVENT INTERNATIONAL GPE IX-C, L.P.	4,342,466	F
(C) ADVENT INTERNATIONAL GPE VIIIC, L.P.	8,417,369	F
(D) AMERICAN INDUSTRIAL PARTNERS CAPITAL FUND V, L.P.	2,920,338	F

(E) AMERICAN INDUSTRIAL PARTNERS CAPITAL FUND VI, L.P.	5,599,986	F
(F) AMERICAN SECURITIES PARTNERS V, L.P.	15,002	F
(G) AMERICAN SECURITIES PARTNERS VI, L.P.	3,848,792	F
(H) AMERICAN SECURITIES PARTNERS VII, L.P.	7,346,004	F
(I) AMERICAN SECURITIES PARTNERS VIII, L.P.	3,065,442	F
(J) AMPERSAND 2020	779,116	F
(K) ARDIAN ASF VIII	3,204,084	F
(L) CLEARLAKE CAPITAL PARTNERS VI	5,494,500	F
(M) CLEARLAKE OPPORTUNITIES PARTNERS (OFFSHORE) II, L.P.	3,649,925	F
(N) CVC CREDIT PARTNERS GLOBAL SPECIAL SITUATIONS	3,674,388	F
(O) CVC CREDIT PARTNERS GLOBAL SPECIAL SITUATIONS II	3,595,429	F
(P) ENCAP ENERGY CAPITAL FUND X, L.P.	3,054,660	F
(Q) ENERGY TRUST PARTNERS V, L.P.	8,476,547	F
(R) FORTISSIMO CAPITAL FUND IV, L.P.	5,942,805	F
(S) FORTISSIMO CAPITAL FUND V, L.P.	2,615,126	F
(T) GLENDON OPPORTUNITIES FUND II, LP	11,312,615	F
(U) GLOBAL INFRASTRUCTURE PARTNERS III, L.P.	8,879,790	F
(V) GOLDMAN SACHS CAPITAL PARTNERS VI PARALLEL, L.P.	600,129	F
(W) GOLDMAN SACHS VINTAGE FUND IV OFFSHORE LP	845,085	F
(X) IPI PARTNERS IIA	154,913	F
(Y) ISQ GLOBAL INFRASTRUCTURE	5,810,008	F
(Z) KPS SPECIAL SITIATUIONS FUND V	2,252,914	F
(AA) MILLENNIUM TECHNOLOGY VALUE PARTNERS II, L.P.	1,951,274	F
(AB) NY LIFE INSURANCE - ROBERT LIPSCHULTZ	38,376	F
(AC) OAKTREE EUROPEAN PRINCIPAL FUND, III, L.P.	3,051,936	F
(AD) PATRIA BRAZILIAN PRIVATE EQUITY FUND IV, L.P.	2,696,956	F
(AE) PATRIA BRAZILIAN PRIVATE EQUITY FUND V, L.P.	8,037,417	F
(AF) PRIMAVERA CAPITAL FUND III	10,928,515	F
(AG) PROVIDENCE STRATEGIC GROWTH EUROPE I	959,436	F
(AH) RIDGEMONT EQUITY PARTNERS ENERGY OPPORTUNITY FUND, L.P.	3,900,553	F
(AI) RIVERSTONE GLOBAL ENERGY AND POWER FUND VI, L.P.	5,242,128	F
(AJ) STEPSTONE ENDURANCE FUND	10,086,366	F
(AK) STEPSTONE SECONDARY OPPORTUNITIES FUND II, L.P.	2,219,306	F
(AL) STEPSTONE SECONDARY OPPORTUNITIES FUND, L.P.	1,406,584	F
(AM) STEPSTONE SECONDARY OPPORTUNITY FUND III	9,208,131	F
(AN) TPG HEALTHCARE PARTNERS, LP	683,958	F
(AO) TPG PARTNERS VII, L.P.	11,407,994	F
(AP) TPG PARTNERS VIII, L.P.	3,214,145	F
(AQ) TRG GROWTH PARTNERSHIP	1,161,995	F
(AR) TSSP OPPORTUNITIES PARTNERS IV (B), L.P.	4,414,555	F
(AS) U.S. FARMING REALTY TRUST II, L.P.	4,723,122	F
(AT) VISTA EQUITY PARTNERS V, L.P.	6,248,160	F
(AU) WATERLAND PRIVATE EQUITY FUND VII C.V.	3,281,889	F

(AV) WHITE DEER ENERGY TE LP II	3,025,366	F
(AW) YORKTOWN ENERGY PARTNERS IX, L.P.	864,804	F
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	206,461,266	

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
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
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
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶		470,745,421

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 ☑

Schedule D (Form 990) 2020

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.

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
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 DONOR.
PART X, LINE 2:	RCHSD 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. RCHSD HAS NOT TAKEN ANY SIGNIFICANT UNCERTAIN TAX POSITIONS THEREFORE NO LIABILITY (OR ASSET) HAS BEEN RECOGNIZED AS OF JUNE 30, 2021.

Additional Data

Return to Form

Software ID:

Software Version:

efile Public Visual Render | ObjectId: 202231339349309868 - Submission: 2022-05-13 | TIN: 95-1691313

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

OMB No. 1545-0047

2020

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" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		88,278,183
NORTH AMERICA			GRANT MAKING		274,717
3a Sub-total	0	0			88,552,900
b Total from continuation sheets to Part I . . .	0	0			0
c Totals (add lines 3a and 3b)	0	0			88,552,900

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50082W **Schedule F (Form 990) 2020**

Page 2

Schedule F (Form 990) 2020 Page **2**

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	GRANT MAKING	274,717	CHECK			

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 ▶

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

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; don't 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; don't 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.

ReturnReference	Explanation
PART I, LINE 2:	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.
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:
Software Version:

efile Public Visual Render | ObjectId: 202231339349309868 - Submission: 2022-05-13 | TIN: 95-1691313

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990EZ* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

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

Employer identification number
95-1691313

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☑ Other 35000.0000000000 %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 45000.0000000000 %			
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		No
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			4,333,659	78,179	4,255,480	0.360 %
b Medicaid (from Worksheet 3, column a)			378,307,993	378,307,993		0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			7,444,758	1,332	7,443,426	0.640 %
d **Total** Financial Assistance and Means-Tested Government Programs			390,086,410	378,387,504	11,698,906	1.000 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			35,988,080	21,983,457	14,004,623	1.200 %
f Health professions education (from Worksheet 5)			19,837,405	7,929,810	11,907,595	1.020 %
g Subsidized health services (from Worksheet 6)			40,397,786	14,964,597	25,433,189	2.180 %
h Research (from Worksheet 7)			27,758,134	19,339,061	8,419,073	0.720 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			4,028	0	4,028	0 %
j **Total.** Other Benefits			123,985,433	64,216,925	59,768,508	5.120 %
k **Total.** Add lines 7d and 7j			514,071,843	442,604,429	71,467,414	6.120 %

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			576,074	253,361	322,713	0.030 %
9 Other						
10 Total			576,074	253,361	322,713	0.030 %

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	20,680,886		
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	6,014,002		
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	5,957,042
6	Enter Medicare allowable costs of care relating to payments on line 5	6	4,729,344
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	1,227,698
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

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

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

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? **1**

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

Schedule H (Form 990) 2020

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group RADY CHILDREN'S HOSPITAL SAN DIEGO

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	**2**		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			

g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 19			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): SEE PART V SECTION C			
b	☐ Other website (list url):			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): SEE PART V SECTION C			
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)

Name of hospital facility or letter of facility reporting group RADY CHILDREN'S HOSPITAL SAN DIEGO

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 350.000000000000 % and FPG family income limit for eligibility for discounted care of 450.000000000000 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): WWW.RCHSD.ORG			
b	☑ The FAP application form was widely available on a website (list url):			

WWW.RCHSD.ORG

c ☑ A plain language summary of the FAP was widely available on a website (list url): WWW.RCHSD.ORG

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 (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
If "No," indicate why:			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

RADY CHILDREN'S HOSPITAL SAN DIEGO

Name of hospital facility or letter of facility reporting group

		Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
a ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c ☑ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d ☐ The hospital facility used a prospective Medicare or Medicaid method			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
If "Yes," explain in Section C.			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
If "Yes," explain in Section C.			

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

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

Form and Line Reference	Explanation
RADY CHILDREN'S HOSPITAL SAN DIEGO	PART V, SECTION B, LINE 5: THE CHNA IS IMPLEMENTED AND MANAGED BY A STANDING CHNA COMMITTEE COMPRISED OF REPRESENTATIVES FROM SEVEN HOSPITALS AND HEALTH SYSTEMS. THE 2019 CHNA BUILT ON THE RESULTS OF THE 2016 CHNA AND INCLUDED THREE TYPES OF COMMUNITY ENGAGEMENT EFFORTS: FOCUS GROUPS WITH RESIDENTS, COMMUNITY-BASED ORGANIZATIONS, SERVICE PROVIDERS, AND HEALTH CARE LEADERS; KEY INFORMANT INTERVIEWS WITH HEALTH CARE EXPERTS; AND AN ONLINE SURVEY FOR RESIDENTS AND STAKEHOLDERS. IN ADDITION, THE CHNA INCLUDED EXTENSIVE QUANTITATIVE ANALYSIS OF NATIONAL AND STATE-WIDE DATA SETS, SAN DIEGO COUNTY EMERGENCY DEPARTMENT AND INPATIENT HOSPITAL DISCHARGE DATA, COMMUNITY CLINIC USAGE DATA, COUNTY MORTALITY AND MORBIDITY DATA, AND DATA RELATED TO SOCIAL DETERMINANTS OF HEALTH.TWO PRIMARY METHODS WERE EMPLOYED IN THE 2019 CHNA. FIRST, QUANTITATIVE ANALYSES WERE CONDUCTED OF EXISTING PUBLICLY AVAILABLE DATA TO PROVIDE AN OVERARCHING VIEW OF CRITICAL HEALTH ISSUES ACROSS SAN DIEGO COUNTY. SECOND, EXTENSIVE FEEDBACK WAS GATHERED FROM COMMUNITY RESIDENTS, COMMUNITY-BASED ORGANIZATIONS, FEDERALLY QUALIFIED HEALTH CENTERS (FQHCS), HOSPITALS AND HEALTH SYSTEMS, LOCAL GOVERNMENT AGENCIES, PHILANTHROPIC ORGANIZATIONS AND SAN DIEGO COUNTY PUBLIC HEALTH SERVICES THROUGH A COMPREHENSIVE COMMUNITY ENGAGEMENT PROCESS TO UNDERSTAND THE EXPERIENCES AND NEEDS OF PEOPLE IN THE COMMUNITY. ONCE THESE ANALYSES WERE COMPLETE, THE CHNA COMMITTEE REVIEWED THESE DATA, ALONG WITH OTHER CRITERIA, TO PRIORITIZE THE TOP HEALTH NEEDS IN SAN DIEGO COUNTY. THE CHNA COMMITTEE WORKED WITH COMMUNITY PARTNERS TO PLAN COMMUNITY ENGAGEMENT ACTIVITIES WITH STAKEHOLDERS REPRESENTING EVERY REGION OF SANDIEGO COUNTY AND ALL AGE GROUPS. IN ADDITION, THE CHNA COMMITTEE EXPLICITLY SOUGHT TO ENGAGE A WIDE VARIETY OF STAKEHOLDERS REPRESENTING DIVERSE NUMEROUS RACIAL AND ETHNIC GROUPS. HEALTH LEADERS AND A DIVERSE SET OF ADVOCACY GROUPS AND ORGANIZATIONS WERE ALSO RECRUITED FOR THEPROCESS. A TOTAL OF 579 INDIVIDUALS PARTICIPATED IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT: 138 COMMUNITY RESIDENTS AND 441 LEADERS AND

	RESIDENTS AND 441 LEADERS AND EXPERTS.KEY INFORMANT INTERVIEWS AND FOCUS GROUPS WERE UTILIZED TO IDENTIFY AND EXPLORE PRIORITY HEALTH NEEDS, SOCIAL DETERMINANTS OF HEALTH, BARRIERS TO CARE, AND COMMUNITY ASSETS AND RESOURCES.THE CHNA ONLINE SURVEY WAS USED TO RANK HEALTH CONDITIONS AND SOCIAL DETERMINANTS OF HEALTH IN ORDER OF IMPORTANCE WITHIN THE COMMUNITY. THE SURVEY WAS DISTRIBUTED VIA EMAIL TO TARGETED COMMUNITY-BASED ORGANIZATIONS, SOCIAL SERVICE PROVIDERS, RESIDENT LED ORGANIZATIONS, FEDERALLY QUALIFIED HEALTH CENTERS, GOVERNMENTAL AGENCIES, AND HOSPITALS AND HEALTH SYSTEMS WHO SERVE A DIVERSE ARRAY OF PEOPLE IN SAN DIEGO COUNTY.
RADY CHILDREN'S HOSPITAL SAN DIEGO	PART V, SECTION B, LINE 6A: RADY CHILDREN'S HOSPITAL - SAN DIEGO CONDUCTED ITS CHNA WITH THE FOLLOWING HOSPITALS (SEE CHNA, PAGE 9):- KAISER FOUNDATION HOSPITAL-PALOMAR HEALTH- SCRIPPS HEALTH- SHARP HEALTHCARE- TRI-CITY MEDICAL CENTER-UNIVERSITY OF CALIFORNIA SAN DIEGO HEALTH SYSTEM
RADY CHILDREN'S HOSPITAL SAN DIEGO	PART V, SECTION B, LINE 11: COMMUNITY HEALTH NEEDS ADDRESSED:ACCORDING TO CHNA COMMITTEE FINDINGS, THE FOLLOWING HEALTH CONDITIONS AND SOCIAL DETERMINANTS OF HEALTH ARE CONSIDERED TOP PRIORITIES FOR SAN DIEGO COUNTY FOR ALL AGE GROUPS (LIST IS IN ALPHABETICAL ORDER):1) ACCESS TO HEALTH CARE;2) AGING CONCERNS;3) BEHAVIORAL HEALTH;4) CANCER;5) CHRONIC HEALTH CONDITIONS (OBESITY, DIABETES);6) COMMUNITY AND SOCIAL SUPPORT;7) ECONOMIC SECURITY;8) EDUCATION;9) HOUSING AND HOMELESSNESS;10) SAFETY AND VIOLENCE.RECOGNIZING THAT CHILDREN HAVE UNIQUE HEALTHCARE NEEDS, RADY CHILDREN'S SUPPLEMENTED THE FINDINGS OF THE CHNA WITH THE 2017 SAN DIEGO COUNTY REPORT CARD ON CHILDREN & FAMILIES. MANAGEMENT AND CLINICAL LEADERSHIP ALSO CONSIDERED OTHER PEDIATRIC ASSESSMENTS.TOP HEALTH PRIORITIES IDENTIFIED FOR CHILDREN INCLUDE:1) BEHAVIORAL AND MENTAL HEALTH-DEPRESSION AND SUICIDE SCREENING INITIATIVE - RCHSD INSTITUTED THE DEPRESSION AND SUICIDE SCREENING INITIATIVE TO PROVIDE PATIENT HEALTH QUESTIONNAIRE (PHQ-2) SCREENINGS, INCLUDING PHQ9, A BRIEF, 9-ITEM SELF-REPORT SCREENING TOOL. THE QUESTIONNAIRE IS BEING USED TO IDENTIFY YOUTH WITH DEPRESSION AND SUICIDE IDEATION REGARDLESS OF WHETHER THEY ARE SEEN IN AN AMBULATORY CLINIC, THE EMERGENCY DEPARTMENT, OR ADMITTED AS AN INPATIENT. THE IDENTIFICATION OF AT-RISK YOUTH (BASED ON A HIGH PHQ-9 SCORE OR ANSWERING YES TO THE QUESTION OF WHETHER THE CHILD/TEEN WAS CONSIDERING SUICIDE) ALLOW ACTIONS TO BE TAKEN TO ENSURE THAT THE YOUTH ARE KEPT SAFE, RECEIVE IMMEDIATE CARE, AND ARE CONNECTED TO FOLLOW-UP CARE AS NEEDED.- SUICIDE PREVENTION: RADY CHILDREN'S CENTER FOR HEALTHIER COMMUNITIES (CHC) IS WORKING COLLABORATIVELY WITH THE 9TH DISTRICT PTA AND QUALITY DEPARTMENT TO HOST ANNUAL SYMPOSIUMS TO EDUCATE PARENTS IN SUICIDE PREVENTION. IN ADDITION, CHC STAFF ATTENDS SUICIDE PREVENTIONCOALITION MEETINGS MONTHLY.- MENTAL AND BEHAVIORAL HEALTH PSYCHIATRIC EMERGENCY DEPARTMENT - RADY CHILDREN'S WILL ESTABLISH A FULLY-FUNCTIONING, 6-BED PSYCHIATRIC EMERGENCY DEPARTMENT IN SPRING 2020, DEDICATED TO RESPONDING TO MENTAL AND BEHAVIORAL HEALTH EMERGENCIES OF CHILDREN AND ADOLESCENTS. RADY CHILDREN'S ALSO WILL PROVIDE PATIENTS AND THEIR FAMILIES REFERRALS TO APPROPRIATE CARE AND CARE COORDINATION SERVICES THROUGH A BEHAVIORAL HEALTH CARE CONNECTION CENTER LAUNCHED AS PART OF THE PSYCHIATRIC EMERGENCY DEPARTMENT.2) CHRONIC HEALTH CONDITIONS (OBESITY) - THE SAN DIEGO COUNTY CHILDHOOD OBESITY INITIATIVE (COI) IS A PUBLIC-PRIVATE PARTNERSHIP WITH THE MISSION OF REDUCING AND PREVENTING CHILDHOOD OBESITY THROUGH POLICY, SYSTEMS AND

ENVIRONMENTAL CHANGE. TO FULFILL ITS MISSION, THE COI CREATES, SUPPORTSAND MOBILIZES PARTNERS FROM MULTIPLE DOMAINS (I.E., SECTORS: GOVERNMENT, HEALTHCARE, SCHOOLS & AFTER SCHOOL, EARLY CHILDHOOD, COMMUNITY, MEDIA AND BUSINESS), PROVIDES LEADERSHIP AND VISION, AND COORDINATES COUNTY-WIDE EFFORTS IN THE PREVENTION AND REDUCTION OF CHILDHOOD OBESITY. THE DIRECTOR OF THE CENTER FOR HEALTHIER COMMUNITIES CHAIRS THE HEALTHCARE DOMAIN SUB-COMMITTEE, WHICH BRINGS TOGETHER HEALTHCARE SYSTEMS, PLANS AND PROVIDERS TO ENHANCE CARE AND RESOURCES FOR THE PREVENTION AND REDUCTION OF CHILDHOOD OBESITY. THE CENTER FOR HEALTHIER COMMUNITIES HAS PARTICIPATED IN, AND PROVIDED LEADERSHIP FOR, THE COI HEALTH DOMAIN SINCE ITS INCEPTION IN 2006.3) OTHER (INJURY PREVENTION, AUTISM).THE DEVELOPMENTAL SERVICES DEPARTMENT AT RADY CHILDREN'S PROVIDES A CONTINUUM OF INTEGRATED SERVICES ACROSS VARIOUS DISCIPLINES AND COMMUNITY PARTNERS TO SUPPORT EARLY BRAIN DEVELOPMENT, SOCIAL/EMOTIONAL DEVELOPMENT, AND THE NEEDS OF THE WHOLE CHILD THROUGH EVERY ASPECT OF CARE DELIVERY. EMPHASIZING EARLY IDENTIFICATION, DIAGNOSIS AND INTERVENTION, A VARIETY OF PROGRAMS ARE PROVIDED, INCLUDING PROGRAMS FOCUSED ON AUTISM AND ADHD.MANY OF OUR PROGRAMS DEAL WITH SOCIAL DETERMINANTS OF HEALTH INCLUDING:1) ACCESS TO HEALTH CARE2) EDUCATION3) SAFETY AND VIOLENCE4) COMMUNITY AND SOCIAL SUPPORTMID-CITY BEHAVIORAL HEALTH URGENT CARE (BHUC)SOCIAL DETERMINANTS NEEDS ADDRESSED: ACCESS TO CARE, BEHAVIOR AND MENTAL HEALTH, EDUCATION, SAFETY AND VIOLENCE PREVENTION, COMMUNITY AND SOCIAL SUPPORT.THE MID-CITY BEHAVIORAL HEALTH URGENT CARE CLINIC ADDRESSES THE NEED FOR IMMEDIATE ACCESS TO MENTAL HEALTH SERVICES FOR FAMILIES CONCERNED ABOUT THEIR CHILD OR ADOLESCENT'S URGENT MENTAL HEALTH OR BEHAVIORAL SYMPTOMS. THE MID-CITY FACILITY ADDRESSES THIS COMMUNITY'S UNMET MENTAL HEALTH NEEDS BY MAKING SERVICES DIRECTLY AVAILABLE TO CHILDREN AND FAMILIES IN THEIR OWN NEIGHBORHOOD. THE COMPREHENSIVE BEHAVIORAL HEALTH PROGRAM INCLUDES A RANGE OF HIGH-QUALITY BEHAVIORAL HEALTH SERVICES, INCLUDING ASSESSMENT, CRISIS INTERVENTION, MEDICATION EVALUATION, CASE MANAGEMENT AND REFERRAL TO ON-GOING TREATMENT, IF NEEDED. THE SERVICES ARE AVAILABLE ON A "WALK-IN", NO APPOINTMENT REQUIRED BASIS. THE BHUC SERVES CHILDREN AND TEENS AGES 5 TO 17 IN THE MID-CITY COMMUNITY AND SURROUNDING AREAS, ACCEPTS MEDI-CAL AND IS ABLE TO PROVIDE SERVICES TO THE UNINSURED. AFTER RECEIVING SERVICES AT THE BHUC, RADY CHILDREN'S STAFF CONNECTS PATIENTS WITH REFERRALS TO FOLLOW-UP SERVICES WITH COMMUNITY PROVIDERS AND PARTNERS.HEALTH STARSSOCIAL DETERMINANT OF HEALTH ADDRESSED: EDUCATION, ACCESS TO CARE, SAFETY & VIOLENCETHE HEALTH STARS LITERACY PROGRAM HOLDS EDUCATION SESSIONS FOR LOW-INCOME AND HOMELESS PARENTS WITH CHILDREN AGES 0-5. THESE FAMILIES MAY LIVE IN AFFORDABLE HOUSING COMPLEXES OR HOMELESS SHELTERS. HEALTH STARS BRINGS VOLUNTEER PEDIATRICIANS INTO THE COMMUNITIES THEY SERVE TO ENGAGE WITH FAMILIES IN THEIR OWN NEIGHBORHOODS. THIS IS DONE TO BETTER UNDERSTAND THE CHALLENGES THESE FAMILIES FACE IN ACHIEVING A HEALTHY LIFESTYLE. FAMILIES LEARN HEALTHY HABITS DURING A SERIES OF READING AND PLAY SESSIONS, EACH FOCUSED ON A SPECIFIC HEALTH TOPIC. THE PROGRAM ADDRESSES KEY CHILD HEALTH ISSUES, INCLUDING DISCIPLINE, NUTRITION, SAFETY, SLEEP AND ORAL HEALTH, PROVIDING FAMILIES WITH CHILDREN'S BOOKS TO REINFORCE HEALTHY BEHAVIORS AND ENCOURAGE DAILY READING WITH CHILDREN. CLINICIANS LEAD INTERACTIVE DISCUSSIONS IN A FUN, ENGAGING ENVIRONMENT WITH THE GOAL OF BUILDING PARENTS' TRUST AS WELL AS THEIR CONFIDENCE WITH THEIR OWN CHILD INTERACTIONS AND PARENTING SKILLS. HEALTH

	INTERACTIONS AND PARENTING SKILLS. HEALTH STARS ALSO WORKS TO CONNECT FAMILIES WITH LOCAL RESOURCES TO MEET THEIR HEALTH, SOCIAL AND BEHAVIORAL NEEDS.SAFE ROUTES TO SCHOOL (SRTS)SOCIAL DETERMINANT OF HEALTH ADDRESSED: EDUCATION; SAFETY & VIOLENCE SAFE ROUTES TO SCHOOL (SRTS) IS A COLLABORATION BETWEEN RADY CHILDREN'S, LOCAL GOVERNMENT AND SCHOOL DISTRICTS TO MAKE BIKING AND WALKING TO SCHOOL SAFE AND HEALTHY ALTERNATIVES TO DRIVING. A MAJORITY OF ELEMENTARY AND MIDDLE SCHOOLERS ARRIVE TO SCHOOL IN A FAMILY CAR. SRTS IS A SERIES OF STRATEGIES THAT WILL MOVE PARENTS AWAY FROM DRIVING THEIR STUDENTS TO SCHOOL AND INSTEAD, WALK THEM EITHER PART OR THE ENTIRE WAY, OR DROP THEM IN A SECURE LOCATION WITH ADULTS (WALKING SCHOOL BUS) SO THE KIDS CAN ALL WALK TOGETHER.NEEDS NOT ADDRESSED:PRIORITIES NOT ADDRESSED IN THIS REPORT AND THE REASONS INCLUDE: CANCER (HIGH INCIDENCE IN THE CHNA PERTAINED TO ADULTS); ECONOMIC SECURITY (NOT WITHIN THE PURVIEW OF A CHILDREN'S HOSPITAL); HOUSING AND HOMELESSNESS (NOT A MAJOR FACTOR FOR A CHILDREN'S HOSPITAL, ALTHOUGH HOUSING INSECURE PATIENTS ARE SERVED).
RADY CHILDREN'S HOSPITAL SAN DIEGO	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.
SCHEDULE H, PART V, SECTION B, LINE 7A	HTTPS://WWW.RCHSD.ORG/DOCUMENTS/2019/06/2019-COMMUNITY-HEALTH-NEEDS-ASSESSMENT.PDF/
SCHEDULE H, PART V, SECTION B, LINE 10A	HTTPS://WWW.RCHSD.ORG/DOCUMENTS/2019/11/COMMUNITY-HEALTH-NEEDS-IMPLEMENTATION-STRATEGY.PDF/
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 22D	THE HOSPITAL DETERMINED, DURING THE TAX YEAR, THE MAXIMUM AMOUNTS THAT CAN BE CHARGED TO FAP ELIGIBLE INDIVIDUALS FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE, BASED ON MEDI-CAL RATES (AB 774).

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? **20**

Name and address		Type of Facility (describe)
1	1 - RADY CHILDREN'S DEVELOPMENT SERVICES 11752 EL CAMINO REAL SUITE 100 SAN DIEGO, CA 92130	DEVELOPMENTAL AND BEHAVIORAL SERVICES
2	2 - RADY CHILDREN'S SPECIALISTS OF SAN DIEGO 25485 MEDICAL CENTER DRIVE SUITE 100 MURRIETA, CA 92562	CLINIC
3	3 - CHADWICK CENTER FOR CHILDREN & FAMILIES 333 H ST SUITE 3010 CHULA VISTA, CA 91910	TRAUMA COUNSELING
4	4 - SANFORD CHILDREN'S CLINIC 3605 VISTA WAY SUITE 130 OCEANSIDE, CA 92056	CLINIC
5	5 - RADY CHILDREN'S SPECIALISTS OF SAN DIEGO 3605 VISTA WAY SUITE 172 OCEANSIDE, CA 92056	CLINIC/ URGENT CARE
6	6 - RADY CHILDREN'S HEALTH SERVICES 3665 KEARNY VILLA ROAD SAN DIEGO, CA 92123	DEVELOPMENTAL AND BEHAVIORAL SERVICES
7	7 - RADY CHILDREN'S SPECIALISTS OF SAN DIEGO 385 W MAIN STREET EL CENTRO, CA 92243	CLINIC
8	8 - RADY CHILDREN'S HEALTH SERVICES 386 EAST H STREET SUITE 202 CHULA VISTA, CA 91910	CLINIC/ URGENT CARE
9	9 - RADY CHILDREN'S URGENT CARE 4305 UNIVERSITY AVE 150 SAN DIEGO, CA 92105	CLINIC/ URGENT CARE
10	10 - CITY HEIGHTS WELLNESS CENTER 4440 WIGHTMAN STREET SUITE 200 SAN DIEGO, CA 92105	WELLNESS CENTER
11	11 - RADY CHILDREN'S SPECIALISTS OF SAN DIEGO 477 NORTH EL CAMINO REAL BUILDING D ENCINITAS, CA 92024	CLINICS
12	12 - RADY CHILDREN'S URGENT CARE 5565 GROSSMONT CENTER DRIVE BUILDING 2 LA MESA, CA 91942	URGENT CARE
13	13 - RADY CHILDREN'S SPECIALISTS OF SAN DIEGO 625 WEST CITRACADO PARKWAY ESCONDIDO, CA 92025	CLINICS/ URGENT CARE
14	14 - RADY CHILDREN'S SPECIALISTS OF SAN DIEGO 2204 EL CAMINO REAL SUITE 102 OCEANSIDE, CA 92054	CLINIC
15	15 - RADY CHILDREN'S HOSPITAL 7910 FROST SUITE 140 SAN DIEGO, CA 92123	CLINICS
16	16 - RADY CHILDREN'S HOSPITAL 7920 FROST SUITE 140 SAN DIEGO, CA 92123	CLINICS
17	17 - NELSON FAMILY PAVILION 8001 FROST STREET SAN DIEGO, CA 92123	CLINICS
18	18 - RADY CHILDREN'S HOSPITAL 8010 FROST SUITE 140 SAN DIEGO, CA 92123	CLINICS
19	19 - RADY CHILDREN'S HOSPITAL 8110 BIRMINGHAM DRIVE SAN DIEGO, CA 92123	CLINICS
20	20 - HOMECARE 8291 AERO PLACE SUITE 130 SAN DIEGO, CA 92123	HOME HEALTHCARE

Part VI Supplemental Information

Provide the following information.

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

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

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

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

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

of surplus funds, etc.).

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

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

Form and Line Reference	Explanation
PART I, LINE 7:	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.
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.
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. RCHSD RECORDS SIGNIFICANT IMPLICIT PRICE CONCESSIONS RELATED TO UNINSURED PATIENTS IN THE PERIOD SERVICES ARE PROVIDED. RCHSD RECORDS IMPLICIT PRICE CONCESSIONS BASED UPON THE HISTORICAL EXPERIENCE, AS WELL AS COLLECTION TRENDS FOR MAJOR PAYOR TYPES.
PART III, LINE 3:	RCHSD DOES NOT TREAT ANY PART OF THE BAD DEBT AS COMMUNITY BENEFIT EXPENSE.
PART III, LINE 4:	SEE PAGE 13-17 OF THE AUDITED FINANCIAL STATEMENTS.
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.
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 THEPATIENT/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.
PART VI, LINE 2:	NEEDS ASSESMENTCONTINUING A LONGSTANDING COMMITMENT TO ADDRESS COMMUNITY HEALTH NEEDS IN SAN DIEGO, RADY CHILDREN'S AND SIX OTHER HEALTHCARE SYSTEMS RECONVENED IN 2018-2019 THROUGH THE HOSPITAL ASSOCIATION OF SAN DIEGO AND IMPERIAL COUNTIES (HASD&IC), WITH THE INSTITUTE OF PUBLIC HEALTH, TO COMPLETE A 2019 TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). THE CHNAIDENTIFIES AND PRIORITIZES THE MOST CRITICAL HEALTH-RELATED NEEDS OF SAN DIEGO COUNTY AND INCLUDES FEEDBACK FROM COMMUNITY RESIDENTS IN VULNERABLE NEIGHBORHOODS.
PART VI, LINE 3:	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCERCHSD 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 INFORMATIONIS 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.
PART VI, LINE 4:	COMMUNITY INFORMATIONSAN DIEGO COUNTY (SAN DIEGO) IS THE SECOND MOST POPULOUS OF CALIFORNIA'S 58 COUNTIES, AND THE FIFTH LARGEST COUNTY IN THE UNITED STATES AND IS CURRENTLY HOME TO 3.4 MILLION RESIDENTS, AND IS ANTICIPATED TO GROW TO FOUR MILLION BY 2050. THE REGION IS SOCIALLY AND ETHNICALLY DIVERSE, WITH OVER 22% OF THE POPULATION UNDER THE AGE OF EIGHTEEN AND ON AVERAGE, 230,000 VETERAN RESIDE HERE. WHILE THE MEDIAN HOUSEHOLD INCOME IS APPROXIMATELY $75,000, OVER 16% OF PERSONS ARE LIVING BELOW POVERTY LEVEL; CHILDREN UNDER AGE 18 ARE DISPROPORTIONATELY AFFECTED. IN ADDITION, 38% OF PERSONS SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. 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 BECAMETHE 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.
PART VI, LINE 5:	PROMOTION OF COMMUNITY HEALTHTHE RADY CHILDREN'S HOSPITAL - SAN DIEGO IS GOVERNED BY A 24-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 2019 (JULY 1, 2018 THROUGH JUNE 30, 2019) 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.

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

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

Employer identification number
95-1691313

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UCSD 9500 GILMAN DRIVE SAN DIEGO, CA 92093	95-6006144	501(C)(3)	1,779,948		FMV		SUPPORT MISSION
(2) LA MAESTRA COMMUNITY HEALTH CENTERS 4060 FAIRMOUNT AVE SAN DIEGO, CA 92105	33-0473171	501(C)(3)	40,000		FMV		SUPPORT MISSION
(3) RADY CHILDREN'S HOSPITAL RESEARCH CENTER 3020 CHILDRENS WAY SAN DIEGO, CA 92123	95-3814185	501(C)(3)	3,569,150		FMV		SUPPORT MISSION

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 . . . ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P **Schedule I (Form 990) 2020**

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 RCHRC TO FURTHER ITS EXEMPT PURPOSE. RCHRC SUPPORTS RCHSD IN ITS EXEMPT ACTIVITIES.

Schedule I (Form 990) 2020

Additional Data

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

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

Employer identification number
95-1691313

Part I Questions Regarding Compensation

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T **Schedule J (Form 990) 2020**

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PATRICK FRIAS MD PRESIDENT & CEO	(i)	1,072,502	308,076	88,153	8,550	28,944	1,506,225	0
	(ii)	0	0	0	0	0	0	0
2 MARGARETA E NORTON EXEC VP, CAO, SECRETARY (THRU 02/20)	(i)	528,639	159,265	446,520	-73,663	7,567	1,068,328	0
	(ii)	0	0	0	0	0	0	0
3 NICHOLAS M HOLMES SR VP, COO	(i)	569,993	130,676	116,823	8,550	29,545	855,587	0
	(ii)	0	0	0	0	0	0	0
4 GAIL L KNIGHT MD SR VP, CMO	(i)	584,834	129,196	92,381	8,550	3,582	818,543	0
	(ii)	0	0	0	0	0	0	0
5 CHARLES B DAVIS SR VP, MPF COO & CARE REDESIGN	(i)	506,379	111,617	81,058	64,078	3,197	766,329	0
	(ii)	0	0	0	0	0	0	0
6 STEPHEN JENNINGS SR VP, EXEC DIR FOUNDATION	(i)	0	0	0	0	0	0	0
	(ii)	421,589	126,566	95,272	47,132	28,799	719,358	0
7 DONALD B KEARNS MD MMM PRESIDENT EMERITUS	(i)	329,135	76,833	272,344	6,840	15,378	700,530	0
	(ii)	0	0	0	0	0	0	0
8 ANGELA M VIEIRA GENERAL COUNSEL (FROM 03/20)	(i)	446,550	72,577	60,174	65,116	14,298	658,715	0
	(ii)	0	0	0	0	0	0	0
9 JAMES J HILL JR	(i)	496,882						

SVP, CFO, TREASURER (FROM 03/20)	(i)	490,882	100,000	12,692	8,550	9,617	627,741	0
	(ii)	0	0	0	0	0	0	0
10 ALBERT ORIOL VP, INFO MGMT/CIO	(i)	418,147	68,574	60,088	40,334	20,257	607,400	0
	(ii)	0	0	0	0	0	0	0
11 CATHY NUGENT VP, HUMAN RESOURCES	(i)	388,196	61,692	37,007	107,138	2,605	596,638	0
	(ii)	0	0	0	0	0	0	0
12 BARBARA L RYAN VP, GOVERNMENT AFFAIRS	(i)	330,201	54,993	53,692	126,709	1,905	567,500	0
	(ii)	0	0	0	0	0	0	0
13 MARY J FAGAN VP, PATIENT CARE SVCS/CNO	(i)	360,054	62,094	48,335	79,549	14,001	564,033	0
	(ii)	0	0	0	0	0	0	0
14 SCOTT D CAMPBELL VP, CFO & ADMIN OFFICER - MPF	(i)	367,028	61,636	53,824	48,902	22,836	554,226	0
	(ii)	0	0	0	0	0	0	0
15 CHRIS ABE VP, OPERATIONS	(i)	327,263	70,322	42,183	94,180	11,872	545,820	0
	(ii)	0	0	0	0	0	0	0
16 GLENN F BILLMAN CHIEF QUALITY OFFICER	(i)	392,305	23,525	11,725	70,694	14,112	512,361	0
	(ii)	0	0	0	0	0	0	0
17 NISHANTHA S RATNAYAKE VP, FINANCE & CONTROLLER	(i)	276,675	61,577	44,938	25,921	19,024	428,135	0
	(ii)	0	0	0	0	0	0	0
18 MEREDITH LURIE VP, STRATEGIC AND ORG PLANNING	(i)	264,636	44,932	20,453	58,823	11,601	400,445	0
	(ii)	0	0	0	0	0	0	0
19 MICHAEL HESTER SR DIR, REVENUE CYCLE	(i)	261,316	15,870	13,442	8,541	14,450	313,619	0
	(ii)	0	0	0	0	0	0	0
20 MARK SEY PHARMACIST IN CHIEF	(i)	155,419	0	136,708	5,341	15,920	313,388	0
	(ii)	0	0	0	0	0	0	0
21 GLIDA E RECODO CLINICAL NURSE II	(i)	285,496	1,500	3,911	8,550	11,768	311,225	0
	(ii)	0	0	0	0	0	0	0
22 SCOTT A VOIGTS SR DIR, CHIEF TECH OFFICER	(i)	276,433	16,563	0	8,550	2,435	303,981	0
	(ii)	0	0	0	0	0	0	0
23 KATHLEEN M CAIN SVP, CFO, TREASURER (THRU 02/20)	(i)	205,702	60,000	23,740	8,359	4,832	302,633	0
	(ii)	0	0	0	0	0	0	0
24 CHRISTINA GALBO CHIEF COMPL & PRIV OFFICER	(i)	208,631	10,542	6,881	37,381	18,548	281,983	0
	(ii)	0	0	0	0	0	0	0
25 JILL STRICKLAND SR VP, CAO	(i)	191,058	75,000	5,769	0	6,818	278,645	0
	(ii)	0	0	0	0	0	0	0
26 BELINDA SANTOS-RAMIREZ BOARD ADMIN & CHIEF OF STAFF	(i)	123,135	6,852	0	15,549	12,833	158,369	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2020

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	THE ORGANIZATION PROVIDED A DISCRETIONARY SPENDING ACCOUNT TO SEVEN OFFICERS AND KEY EMPLOYEES LISTED ON FORM 990 PART VII. THE AMOUNT PROVIDED WAS INCLUDED IN EACH INDIVIDUAL'S TAXABLE COMPENSATION.
PART I, LINES 4A-B	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. ONCE VESTED THE AMOUNTS UNDER THIS PLAN ARE REPORTED ON FORM W-2 AS TAXABLE COMPENSATION TO THE INDIVIDUAL. THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS FROM THE PLAN DURING CALENDAR YEAR 2021: MR. ALBERT ORIOL ($47,627), MS. ANGELA VIEIRA ($47,712), MS. BARBARA RYAN (38,115),MS. CATHY NUGENT ($116,273), MR. CHARLES DAVIS ($272,220), MS. CHRIS ABE ($29,564), MS. CHRISTINA GALBO ($6,881), DR. DONALD KEARNS ($253,651), DR. GAIL KNIGHT ($76,804), MS. MARGARETA NORTON ($117,086), MS. MARY FAGAN ($35,874), MS. MEREDITH LURIE ($7,991), MR. NICHOLAS HOLMES ($101,246), MR. NISHANTHA RATNAYAKE ($32,476), DR. PATRICIO FRIAS ($33,850), MR. SCOTT CAMPBELL ($41,363), AND MR. STEPHEN JENNINGS ($79,695). THE FOLLOWING INDIVIDUAL RECEIVED SEVERANCE PAYMENT DURING CALENDAR YEAR 2020: MR. MARK SEY ($114,845).

Schedule J (Form 990) 2020

Additional Data

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

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

Employer identification number
95-1691313

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CALIFORNIA STATEWIDE COMM DEVELOPMENT AUTHORITY	68-0164610	130795VTI	07-31-2008	101,155,000	CURRENT REFUNDING SERIES 2006CD BO		X		X		X
B	CALIFORNIA STATEWIDE COMM DEVELOPMENT AUTHORITY	68-0164610	1307955Y9	06-14-2012	115,580,000	REISSUANCE OF 2008B & 2008D BONDS		X		X		X
C	CALIFORNIA STATEWIDE COMM DEVELOPMENT AUTHORITY	68-0164610	NONEAVAIL	09-25-2013	63,485,000	REISSUANCE OF 2008A		X		X		X
D	CALIFORNIA STATEWIDE COMM DEVELOPMENT AUTHORITY	68-0164610	NONEAVAIL	10-24-2013	50,580,000	REISSUANCE OF SERIES 2012D		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	50,580,000	54,140,000	2,970,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	101,088,386	115,580,000	63,485,000	50,580,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	731,760			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	100,424,579	115,580,000	63,485,000	50,580,000
12	Other unspent proceeds				
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, 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	
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 %		0.340 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0.340 %		0 %		0 %
6	Total of lines 4 and 5		0 %		0.680 %		0 %		0 %
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?								
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	

Schedule K (Form 990) 2020

Part IV **Arbitrage** (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
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 SACHSWELLS		GOLDMAN SACHS BANK		GOLDMAN SACHS BANK		GOLDMAN SACHS BANK	
c	Term of hedge	2408.0000000000 %		3519.0000000000 %		3519.0000000000 %		2625.0000000000 %	
d	Was the hedge superintegrated?		X		X		X		X
e	Was the hedge terminated?	X			X		X		X
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X		X		X
b	Name of provider	HYPO REPURCHASE							
c	Term of GIC	255.0000000000 %							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6	Were any gross proceeds invested beyond an available temporary period?				X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		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.
SET 1, COLUMN B	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 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. PART IV, LINE 2(B) & 2(C): 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 THAT IS ALLOCABLE TO THE 2012D BONDS.
SET 1, COLUMN C	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 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. PART IV, LINE 2(B) & 2(C): 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.
SET 1, COLUMN D:	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) & 2(C): 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.
SET 2, COLUMN A	PART I (F): THE ISSUE DATE OF THE 2006AB BONDS WAS OCTOBER 26, 2006. PART II, LINE 3: THE DIFFERENCE BETWEEN THE ISSUE PRICE LISTED IN PART I(E) IS DUE TO INTEREST EARNINGS ON BOND PROCEEDS. 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 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 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.

Schedule K (Form 990) 2020

Additional Data

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

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

Employer identification number
95-1691313

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CALIFORNIA STATEWIDE COMM DEVELOPMENT AUTHORITY	68-0164610	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	16,060,000			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	61,592,971			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	987,816			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	60,605,151			
12	Other unspent proceeds				
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?	X							
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X							
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
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 ▶	34.000 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6	Total of lines 4 and 5	34.000 %							
7	Does the bond issue meet the private security or payment test?		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						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

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						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?	X							
c	No rebate due?		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						

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								

d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
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						
7	Has the organization established written procedures to monitor the requirements of section 148?	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							

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

Return Reference	Explanation

Schedule K (Form 990) 2020

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

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 section 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 the organization managers or disqualified persons during the year under section 4958. . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) PATRICIO FRIAS	OFFICER	RELOCATION HOUSING LOAN		X	250,000	212,109		No	Yes		Yes	
Total . . . . . ▶ $						212,109						

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

Additional Data

Return to Form

Software ID:
Software Version:

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

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

Employer identification number
95-1691313

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	RADY CHILDREN'S HOSPITAL AND HEALTH CENTER (RCHHC) IS THE SOLE MEMBER AS THAT TERM IS DEFINED IN CALIFORNIA CORPORATIONS CODE 5056 ("MEMBER") OF RADY CHILDREN'S HOSPITAL - SAN DIEGO (RCHSD).
FORM 990, PART VI, SECTION A, LINE 7A	THE RCHSD BOARD OF DIRECTORS CONSISTS OF THOSE 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 THE MEMBER TO BE EFFECTIVE: - ANY AMENDMENT, REVISION, MODIFICATION OF THE ARTICLES OF INCORPORATION OR THE BYLAWS - ANY CHANGE IN THE NATURE OF THE BUSINESS ACTIVITIES OF RCHSD - APPROVAL OF OPERATING AND CAPITAL BUDGETS OF RCHSD - BORROWING ANY AMOUNT OR INCURRING ANY DEBT IN THE AMOUNT OF $100,000 OR MORE - MAKING OR INCURRING ANY UNBUDGETED EXTRAORDINARY OR NON-RECURRING EXPENSE OR EXPENDITURE OF $1,000,000. THE RCHSD BOARD CANNOT AUTHORIZE OR DIRECT ANY OFFICER OF RCHSD TO PERFORM OR COMMIT ANY OF THE FOLLOWING ACTS, WITHOUT PRIOR WRITTEN APPROVAL OF THE MEMBER: - BORROW MONEY IN RCHSD'S NAME OR UTILIZE PROPERTY OWNED BY RCHSD AS SECURITY FOR LOANS, EXCEPT IN THE ORDINARY COURSE OF BUSINESS - 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, CONTRACT TO SELL OR BILL OF SALE OF THE PROPERTY OF RCHSD, EXCEPT IN THE ORDINARY COURSE OF BUSINESS. - ACQUIRE, PURCHASE, DEVELOP, IMPROVE, SELL, LEASE OR MORTGAGE ANY CORPORATE REAL ESTATE OR ANY INTEREST THEREIN OR ENTER INTO ANY CONTRACT FOR ANY SUCH PURPOSES. - 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.
FORM 990, PART VI, SECTION A, LINE 7B	PLEASE REFER TO LINE 7A EXPLANATION.
FORM 990, PART VI, SECTION B, LINE 11B	REVIEW OF FORM 990 THE FORM 990 WAS REVIEWED BY THE CFO AND THEN PROVIDED TO THE ORGANIZATION'S AUDIT AND CORPORATE RESPONSIBILITY COMMITTEE FOR REVIEW. FOLLOWING REVIEW BY THE COMMITTEE, THE RETURNS WERE FINALIZED, SIGNED AND SUBMITTED TO THE INTERNAL REVENUE SERVICE. A COMPLETE COPY OF THE FORM 990 WAS PROVIDED TO EACH VOTING BOARD MEMBER PRIOR TO FILING.
FORM 990, 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 IS 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.
FORM 990, 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.
FORM 990, 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.
FORM 990, PART IX,	PHYSICIAN SERVICES: PROGRAM SERVICE EXPENSES 212,284,366. MANAGEMENT AND GENERAL EXPENSES 2,476,074. TOTAL EXPENSES 214,760,440. CLAIMS EXPENSES: PROGRAM SERVICE EXPENSES 57,827,563. TOTAL

LINE 11G	EXPENSES 57,827,563. PURCHASED SERVICES - UCSD: PROGRAM SERVICE EXPENSES 24,459,132. TOTAL EXPENSES 24,459,132. LEASED LABOR - NON-PHYSICIAN: PROGRAM SERVICE EXPENSES 15,559,013. MANAGEMENT AND GENERAL EXPENSES 1,100,747. TOTAL EXPENSES 16,659,760. PURCHASED SERVICES - MEDICAL: PROGRAM SERVICE EXPENSES 30,154,983. MANAGEMENT AND GENERAL EXPENSES 21,820,217. TOTAL EXPENSES 51,975,200. PURCHASED SERVICES - PHARMACY: PROGRAM SERVICE EXPENSES 306,212. TOTAL EXPENSES 306,212. PURCHASED SERVICES - RCPMS: MANAGEMENT AND GENERAL EXPENSES 2,065,791. TOTAL EXPENSES 2,065,791. MISCELLANEOUS MEDICAL SERVICES: PROGRAM SERVICE EXPENSES 5,364,927. TOTAL EXPENSES 5,364,927.
FORM 990, PART XI, LINE 9:	CHANGE IN FMV OF INTEREST RATE SWAP 30,608,174. CHANGE IN SPLIT INTEREST AGREEMENTS 7,359. INTERCOMPANY SETTLEMENT -21,841,956. CHANGE IN DEFINED BENEFIT COST 81,953,025. TRANSFER OF NET ASSETS TO RCHRC -15,000,000. TREASURY LOCK SWAP GAIN 8,419,878.

Additional Data

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

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	(g) No
(1)RADY CHILDREN'S HOSPITAL AND HEALTH CENTER 3020 CHILDRENS WAY MC 5001 SAN DIEGO, CA 92123 95-3545901	SUPPORT	CA	501(C)(3)	LINE 12B, II	N/A		No
(2)RADY CHILDREN'S HOSPITAL RESEARCH CENTER 3020 CHILDRENS WAY MC 5001 SAN DIEGO, CA 92123 95-3814185	RESEARCH	CA	501(C)(3)	LINE 12A, I	RCHHC		No
(3)RADY CHILDREN'S HOSPITAL FOUNDATION - SD 3020 CHILDRENS WAY MC 5001 SAN DIEGO, CA 92123 33-0170626	FUNDRAISING	CA	501(C)(3)	LINE 7	RCHHC		No
(4)RADY CHILDREN'S HEALTH SERVICES - SD 3020 CHILDRENS WAY MC 5001 SAN DIEGO, CA 92123 33-0278018	SUPPORT	CA	501(C)(3)	LINE 12A, I	RCHSD	Yes	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y **Schedule R (Form 990) 2020**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)CHILDREN'S HOSPITAL INTEGRATED RISK PROT 22 VICTORIA STREETHAMILTON HM12 HAMILTON HM12 BD	CAPTIVE INSURANCE	BD	RCHHC	C					No
(2)RADY CHILDREN'S PHYSICIAN MANAGEMENT SER	MANAGEMENT	CA	RCHHC	C					No

3860 CALLE FORTUNADASUITE 200 SAN DIEGO, CA 921234282 33-0670694									
(3)CHILDREN'S HOSPITAL INSURANCE LTD CANONS COURT 22 VICTORIA STREET H HAMILTON HM12 BD	CAPTIVE INSURANCE	BD	RCHHC	C					No

Schedule R (Form 990) 2020

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)RADY CHILDREN'S HEALTH SERVICES - SAN DIEGO	P	306,212	ACTUAL COST
(2)RADY CHILDREN'S HEALTH SERVICES - SAN DIEGO	Q	7,881,554	ACTUAL COST

Schedule R (Form 990) 2020

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

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

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

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Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation

Schedule R (Form 990) 2020

Additional Data Return to Form

Software ID:

Software Version: